

The Storied Experience of Foster Carers' Own Children

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Abstract

Foster carer's own children (FCOC) have proven to be contributing members of the foster care team that can affect the success of placements, yet there is limited research on their experience. This thesis describes a study that explores how foster carers' own children narrate their experience of foster care using a qualitative approach. Two female and two male participants aged 20-24 were recruited by self-selection through fostering support agencies from the Canterbury region, and interviewed about their retrospective fostering experiences. Narrative analysis informed the method and the interviews were analysed using narrative performance analysis with thematic underpinnings. The themes that emerged within and across the narratives were consistent with the existing literature, yet the narrative analysis discovered nuances that have previously been overlooked.

Seven overarching narrative themes were present across the four interviews: 'fostering was the carer's altruistic choice', perspectives of FCOC change over time, 'fostering became the family's main focus', foster children were perceived as active agents by FCOC, 'foster agencies still have work to do' in order to improve the experience for families, FCOC believe that their parents deserve to be treated better by society and the system, and lastly that fostering is not a vocation any of the participants will be choosing in the future. The performance analysis additionally discovered three roles performed by FCOC during the interviews, the 'objecting' role, 'parental child' role, and 'good person' role. Implications of the findings and recommendations for the future are suggested in the discussion, including providing more support for FCOC and consideration of their needs to improve their experience and contribute further to the care that they provide foster children.

CHAPTER ONE: Introduction

What is Foster Care?

The definition of Foster care is different across countries. For some, foster care is when a child is placed in a home outside of their extended families, whereas others overlook informal arrangements and only deem service-coordinated placements as foster care (Colton & Williams, 1997). Some countries even believe that there is no need for an official system to place children in alternative homes unless it is for the purposes of adoption (Colton & Williams, 1997). In New Zealand, children are placed in care when their parents cannot meet their needs for safety, nurture and appropriate structure, or when the parents are no longer available. The latter category of care occurs when a parent dies, develops a physical or mental disability or illness that impairs their ability to care, or when the sole parent is placed in judicial custody (Carr, 2016). Some parents may relinquish care of their children for a short amount of respite time, or because they no longer feel capable of raising their children. Other contextual factors may be that the parents do not have the capacity to cope with parenting challenges with difficult children e.g. with severe conduct problems or disabilities (Carr, 2016). There are also circumstances where abuse and neglect have occurred or where there is a high risk of such for the children in which the State uplifts children from their parent's care (Carr, 2016).

Westernized Trends in Foster Care

Charity, Labour and Morality. Foster care is by no means a new concept as children have been in the care of non-biological parents for centuries, with apprenticeships and wet nurses in the middle ages as just two examples (Nutt, 2006). Institutionalized or government provided foster care originated with Victorian workhouses for poorer children,

where children with desirable qualities were boarded/quasi-adopted with private families and others were used as labourers (Nutt, 2006). During this time, fostering was a way of cutting costs for families and orphanages and instilling morals and work ethic in lower class children. The 19th century saw carers taking in disadvantaged children as a charitable rescue act.

Fostering became more even more common in the 20th century as this ‘charitable act’ of placing children in family homes was more cost effective for the government than institutionalization (Nutt, 2006). The development of care into a professional service came later, after the evacuations of WWII and high profile abuse cases that highlighted the need for higher standards of policy (Nutt, 2006).

Second Chance Homes and Normalization. The last few decades have seen an international shift from removing children from their families to providing support and helping families to stay intact where possible (Colton & Williams, 1997). In liberal states across the world, the 70s saw a principle of ‘least intrusion’ come into effect, which prioritized family preservation and the support of children in the home more, and placed in institutional care less (Baker, 2010). During this time, foster families were seen more as a second chance at family life for children, however the late 80s saw that role change as birth parents were given conditional access to their children (Sinclair, Gibbs & Wilson, 2004). Though residential care was utilised in the 80’s and 90s, scandals of abuse and cost efficiency lead governments to favour foster care over residential (Sinclair, Gibbs & Wilson, 2004). Residential care thus has become more of a last resort for children with severe difficulties in most countries (Colton & Williams, 1997). These trends have been largely influenced by the concept of ‘normalization’, which is the view that every child in care should experience a ‘normal’ childhood with family support, community involvement, peer relationships, and opportunities for achievement (Colton & Williams, 1997).

Professionalization and Privatization of Care. Foster care has historically been dependent upon the unpaid work of women, as foster families typically follow the traditional nuclear family pattern with the stay at home mother as the primary caregiver (Sinclair, Gibbs & Wilson, 2004; Nutt, 2006; Baker, 2010). With the increased proportion of women joining the workforce, and the rising cost of raising children it became much more difficult to find willing and suitable non-relative foster carers (Colton & Williams, 1997; Baker, 2010). This was further influenced by the unpaid second shift of work that was required from foster carers to provide sufficient care to meet their foster child's needs as even fathers in foster families felt that their supportive role was like an additional job (Nutt, 2006; Baker, 2010). Nutt (2006) adds that female foster carers who work part time find it particularly difficult to balance the demands of work and the flexibility and availability that is demanded within providing care. When care situations change, for example the foster child's residential school closes, foster carers reported that they felt expected by social workers to prioritise caring full time over any other work obligations they may have (Nutt, 2006). Many carers that could not afford to foster without government reimbursement still experience guilt receiving payment for providing care (Nutt, 2006).

The term 'foster parent' was replaced with 'foster carer' as their role changed to being a part of the therapeutic support aimed at rehabilitation with the biological family (Nutt, 2006). Currently biological parents retain guardianship rights whilst their children are in care, which has contributed to the professionalization of carers as they have needed to navigate complex systemic processes such as contact visits (Sinclair, Gibbs & Wilson, 2004). Despite the changes in care policy, there are still difficulties with providing long-term, stable care for children, and there is a lack of effective care after termination of placements (Sinclair, Gibbs & Wilson, 2004). Due to the reducing numbers of available carers there has been a lack of choice within placements, which particularly affects older foster children and those from

ethnic minorities (Sinclair, Gibbs & Wilson, 2004). Children are now placed in care only after rehabilitation has been attempted, which has led to the population of children in foster care being in the system for longer (Sinclair, Gibbs & Wilson, 2004). This, added with the influx of difficult children being placed in foster families due to residential care placements losing favour, means that the situation in foster homes is more difficult and complex than ever (Sinclair, Gibbs & Wilson, 2004).

The professionalization of care has aimed to train foster carers and provide better support to address the difficulties and complexities of fostering. The reality of this professionalization however is that kinship carers do not always see the relevance of training (Colton & Williams, 1997). Nutt's (2006) research shows that foster carers receive too little support and training, are often treated insensitively and undervalued by society, and are viewed more as service recipients than providers by social workers. Foster carers often see themselves as being of low status and influence rather than as key parts of the therapeutic team. The movement towards the privatization of care within the last few decades raised concerns that the few caregivers that were available within the local authority would move to private organizations (Sinclair, Gibbs & Wilson, 2004). There is evidence to suggest that the international trend of foster carers switching to Non-Government Organizations (NGOs) is due to promises of receiving better support (Sinclair, Gibbs & Wilson, 2004).

International Perceptions of the Purpose of Care. The purpose of foster care is changing in most countries from foster carers providing replacement homes for abused, neglected and abandoned children to providing a temporary home that is complementary with the biological family (Colton & Williams, 1997). However, not all believe that this temporary home and emphasis on biological family involvement is an improvement. For example, professionals in Germany argue that psychoanalytic literature suggests foster children form deep relationship ties with their foster family after two years of placement (Colton &

Williams, 1997). In Hungary, most children stay within the foster family until they have reached adulthood. Even in Australia, some professionals express concerns that the shift encourages more temporary and less secure placements, which can be disruptive for the foster child (Colton & Williams, 1997). Another issue with reunification is that in many countries the support system sees it as an end goal, with very little in place to support the child after this is achieved despite their high-risk status (Colton & Williams, 1997).

New Zealand Context

Early Development of Welfare and Adoption in New Zealand. Child welfare began in New Zealand with orphanages created to care for settlers' children who were orphaned, had separated parents or only a single mother to care for them (Armitage, 1995). The use of such orphanages remained the primary alternative child care until the 20th century, becoming residences for children needing care and protection, or juvenile correction (Armitage, 1995). In 1881, the Adoption of Children Act was established so that adoption could occur and the child legally recognised as able to inherit from their adoptive family (Newman, 2013). This applied predominantly to European children and ignored the Māori system of informal adoption (whangai), causing them to adopt through the native Land Act if they wished for children to inherit (Newman, 2013). In 1909, the Native Land Act was amended so that Māori could not adopt Pakeha (European) children and vice versa. Removing children from their heritage and culture was viewed as an act of cultural violence by Māori (Newman, 2013).

The Department of Education was charged with supervision of the orphanages in 1910 and thusly developed the first child welfare services that imposed government intervention within family life through truancy, protection and probation officers (Armitage, 1995). The role of the state was to instil morals upon these children and enact discipline

(Nutt, 2006; Armitage, 1995). Māori methods of care were not invested in by the government (Armitage, 1995).

The 1940s onwards saw Māori and rural people moving into urban areas at higher rates (Armitage, 1995). The lack of support and recognition for Māori systems, the loss of access to whānau support, and Eurocentric social services and policies saw Māori youth and families being increasingly involved with the child protection, welfare and justice systems (Armitage, 1995). By this stage adoption was viewed as the only option for women who had illegitimate children, regardless of whether the mother wanted to keep the baby (Newman, 2013). If a child had Māori heritage but was born to a Pakeha woman, they were put into the adoption system as a Pakeha child and cut off from their culture (Newman, 2013). The Adoption Act of 1955 saw transracial adoption reinstated, where a blood quantum was utilised to deem children of mixed ethnicity as European by blood in an act of assimilation (Newman, 2013).

Current Care Practice. Currently foster care services are provided primarily through the government run Child Youth and Family Services (CYFS) and additionally through Non-Government Organizations (NGOs) (Ministry of Social Development, 2004). The role of these organizations is to provide a more secure, safe, and opportunity rich environment for disadvantaged children in a preventative manner as well as to find temporary or permanent placements for children who cannot live at home due to abuse and neglect (Child, Youth and Family, 2008). Child, Youth and Family (CYF) receive an average of 347 notifications of actual or potential child abuse/neglect or exposure to violence per day (Child, Youth and Family, 2010). Due to the overwhelming number of cases, only the most serious receive the necessary attention. Thus, there is a threshold for entry into services. Community support services take care of the ‘troubled’ cases, whereas CYFS deals with the ‘abusive’. Children only enter the care of CYFS or other care and protection services when it is no longer safe for

them to remain at home (Ministry of Social Development, 2012). Removal is always seen as a last resort and requires authority from the Family court (Child, Youth and Family, 2010; Carr, 2016). Though parents can consent to removal if they feel they are struggling to cope with childcare, the removal process is often traumatic for children as not only are they separated from their family but their parents can often respond threateningly in the situation (Child, Youth and Family, 2010).

Future Directions: The Ministry for Vulnerable Children. The Ministry of Social Development is creating a stand-alone ‘Ministry for Vulnerable Children’ aiming to address the short and long-term wellbeing of children and to support them and their families throughout the transition to adulthood (Ministry of Social Development, 2017a). This ministry will provide core services of prevention, intensive intervention services, care support services, youth justice services and transition support services (Ministry of Social Development (2017b). Care support services aim for every child to feel they are a valued and nurtured member of a stable family, whether this is achieved through strengthening the whānau’s ability to meet the child’s needs at home or moving the child to a caregiving family as soon as possible (Ministry of Social Development, 2017b). Enhanced support will be provided to carers and their families in the hopes that they will be better equipped to provide appropriate care to meet that child’s needs whilst building and maintaining lifelong, stable, loving relationships (Ministry of Social Development, 2017b). There is the hope that such support will attract more diverse caregiver families, and that placements will be more successful.

Varieties of Care. There are many different varieties of care within New Zealand. Emergency care is utilised when a placement is needed with minimal notice due to the risk to their safety, whereas respite care consists of giving the caregivers a break from the child for a few hours or a weekend (Child, Youth and Family, 2016). Transitional or short-term care is

utilised when the family of origin is receiving support from care services to determine the best solution for that child that will ensure they are safe and nurtured (Child, Youth and Family, 2016). This transitional care may turn into longer placements or children may experience multiple transitional placements depending on the case, and these placements may be with whānau (family) caregivers or with non-family caregivers (Sinclair, Baker, Wilson & Gibbs, 2005; Child, Youth and Family, 2016).

Table. 1 provides statistics from Child, Youth and Family (2016) highlighting that most children in care are placed with their whānau. Worldwide, having out-of-culture foster placements has become less favourable in contrast with kinship care for indigenous populations as in the past they suffered cultural confusion and reported abuse in foster and residential placements (Baker, 2010). Kinship care has since been prioritised to keep these children within their culture and local community, and effort has gone into attempting to make kinship care more standardized in practice like foster care. One issue with kinship care however, is that these carers tend to receive less support than non-family foster carers from social services (Baker, 2010). This has also meant that children are now placed with carers who, in previous years, would have been denied care due to lack of suitable income or housing, pre-existing parenting problems, and at times similar conditions to those that they were removed from in the first place (Baker, 2010).

Table. 1. Children in Out of Home Placements by Placement Type 2012-2016

Distinct children and young people in out of home placements, by placement type - National - as at end of last five financial years and comparison with end of latest quarter

Placement Type	June 2012	June 2013	June 2014	June 2015	June 2016	September 2015	September 2016
Non Family / Whānau Placement	1,427	1,298	1,269	1,182	1,281	1,199	1,303
Family / Whānau Placement	1,639	1,698	1,999	2,193	2,303	2,219	2,328
Child and Family Support Services	518	521	536	502	507	493	503
CYF Family Home Placement	114	103	114	133	154	133	121
Residential Placement	47	47	34	29	35	36	37
Other Supported Accommodation	139	177	177	124	114	123	143
Distinct children and young people	3,884	3,844	4,129	4,163	4,394	4,203	4,435

Child, Youth and Family. (2016) Kids in care. Retrieved from <http://www.cyf.govt.nz/about-us/key-statistics/kids-in-care.html#Downloadthelatestnationalandlocalleveldata4>

Residential care is only used when there is no other suitable placement or the child is a risk to themselves or others, for example if they have high needs, extremely antisocial behaviour or have engaged in criminal activity (Child, Youth and Family, 2010). ‘Home for life’ is an increasingly more common option available for whānau and foster carers to make a life-long commitment to the child in their care. The distinction between this and adoption is that birth parents can still seek visits and be consulted with for important life decisions and events (Child, Youth and Family, 2010).

Cultural Considerations

New Zealand is a bi-cultural country that reflects its indigenous Māori routes and history of colonisation. For intervention and policy to be successful within the Māori community, there needs to be an understanding of Māori culture and systems. Such interventions need to take on an intergenerational approach and understand how any changes may impact the whānau (Cram & Kennedy, 2010).

Understanding ‘Whānau’. First, in order to understand Māori families it is important to understand the Māori word for family – ‘Whānau’. When European settlers first arrived in New Zealand their perception was that whānau was a familial group, consisting of

several parent-child families connected by ties of marriage and descent, operating under the leadership of Māori elders or kaumātua (Metge, 1995). However, the effects of colonisation and urbanisation have impacted how whānau is interpreted today within law and the dominant culture as it is now over simplified to refer to a nuclear family model that is reminiscent of western norms (Cram & Pitama, 1998; Durie, 2003). The urbanisation of Māori has led to collectives forming whānau that are not blood related necessarily as they would have been traditionally, but that are brought together through bonds of community within churches, social and political organisations, and gangs (Cram & Pitama, 1998). Whānau is no longer only related to whakapapa (heritage) but is also a way of living and navigating the modern social world.

Caring for Children. In Māori culture, children belong to the entire whānau rather than their parents and the emphasis of belonging is placed in terms of identity rather than possession (Metge, 1995). As a collectivist culture, the responsibility of raising children falls upon all members of the whānau and historically kaumātua (elders) decided who in the whānau would be the primary caregivers. Māori value children not only as individuals but as the culmination of those ancestors who have come before (Metge, 1995). They are ‘taonga’, treasures given to the whānau by God and the ancestors, and have their own rights and responsibilities to their ancestry and whānau (Metge, 1995). Though in English there is a discrepancy between fostering and legal adoption, the Māori words for such (e.g. whangai, atawhai, and taurima, depending on the iwi) see these two concepts as synonymous as to foster a child is to adopt them into the family, but to adopt a child is not to alienate them from their biological parents (Metge, 1995).

Whangai. ‘Whangai’ is the predominant term used in Māori culture for adoption, which means ‘to feed’ the child in a metaphorical sense of nurturing, educating and providing cultural support for them (Newman, 2013). Though whangai is thought to be equivalent to

‘legal adoption’, biological parents still had a responsibility to their child (Newman, 2013). The decision for a child to become whangai was never taken lightly and involved many meetings or hui, with the primary concern always being that the child retain their identity and knowledge of where they came from and who they were descended from (Newman, 2013). This is because whakapapa has more importance within Māori culture than European as it is a way for children to access their heritage and develop their identity. Loss of this can be devastating for Māori as it provides them with a sense of belonging and is an intrinsic part of their culture, to the extent that most see placing a child outside of their culture as committing an act of cultural violence (Newman, 2013). Placement with strangers only occurred in traditional whangai cases when necessary (e.g. their family had been killed in war; Newman, 2013).

Intergenerational Transmission of Trauma. Hill, Lau and Sue (2010) suggest that the effects of colonisation on indigenous peoples are traumatic due to the loss of culture, land, forced assimilation and systemic racism. Negative behaviours such as substance abuse, suicide and domestic violence serve to numb the grief and anger associated with such trauma (Hill, Lau & Sue, 2010). This loss of culture and the effects of associated antisocial coping mechanisms serves to transmit the trauma through the generations. This illuminates how minority and indigenous populations worldwide are overrepresented within the welfare system (Baker, 2010).

In New Zealand in 2016 the Māori population estimate was 723,400 at the 30th of June in comparison to the National Population Estimate of 4,693,000 (Statistics New Zealand, 2016a; 2016b). However, despite this, Māori children made up more than half of the population in care. The table in Table 2 shows that in June 2016 there were 3,208 Māori children in the custody of the Chief Executive out of the 5,312 children in care and protection at that time (Child, Youth and Family, 2016).

Table. 2. Children in Custody of Chief Executive by Ethnic Group 2012-2016

Distinct children and young people in the custody of the Chief Executive, by primary ethnic group - National - as at end of last five financial years and comparison with end of latest quarter

Ethnic Group	June 2012	June 2013	June 2014	June 2015	June 2016	September 2015	September 2016
Māori	2,607	2,711	2,882	2,969	3,208	2,983	3,268
New Zealand Pākehā	1,830	1,650	1,610	1,446	1,478	1,467	1,496
Pacific Peoples	385	400	457	422	407	403	395
Asian	55	69	77	60	79	69	85
Other European	44	34	33	48	55	51	55
Other / Multiple Ethnicity	58	96	129	81	85	88	81
Distinct children and young people	4,979	4,960	5,188	5,026	5,312	5,061	5,380

Child, Youth and Family. (2016) Kids in care. Retrieved from <http://www.cyf.govt.nz/about-us/key-statistics/kids-in-care.html#Downloadthelatestnationalandlocalleveldata4>

Table 3 further illustrates the over-representation of Māori children in out-of-home placements as they make up 2,632 of the 4,394 children (Child, Youth and Family, 2016).

Table 3. Children in Out of Home Placements by Ethnic Group 2012-2016

Distinct children and young people in out of home placements, by primary ethnic group - National - as at end of last five financial years and comparison with end of latest quarter

Ethnic Group	June 2012	June 2013	June 2014	June 2015	June 2016	September 2015	September 2016
Māori	2,029	2,113	2,310	2,467	2,632	2,457	2,673
New Zealand Pākehā	1,489	1,324	1,322	1,243	1,270	1,271	1,269
Pacific Peoples	274	281	332	321	327	323	319
Asian	37	43	48	34	56	44	63
Other European	31	27	33	37	42	38	44
Other / Multiple Ethnicities	24	56	84	61	67	70	67
Distinct children and young people	3,884	3,844	4,129	4,163	4,394	4,203	4,435

Child, Youth and Family. (2016) Kids in care. Retrieved from <http://www.cyf.govt.nz/about-us/key-statistics/kids-in-care.html#Downloadthelatestnationalandlocalleveldata4>

Characteristics of Foster Children

Children who come into the custody of the Chief Executive (CYF) or are placed in out-of-home care are typically in need of protection due to being harmed, ill-treated, abused or neglected, or being at a high risk of such (Child, Young Person and Their Families Act, 1989; Connolly, 1994). Foster children are overwhelmingly exposed to abuse and neglect, and are more likely than other children to have been exposed to parental substance abuse

(Carr, 2016). In an epidemiological study of 347 children in care in New South Wales (NSW), Australia, Tarren-Sweeney (2008) found that less than seven percent of children placed in care had no known history of neglect or abuse. Of these children, half had been removed in infancy due to risk of harm and the remainder were surrendered to care or abandoned by their biological families (Tarren-Sweeney, 2008). The maltreatment that these children were exposed to consisted of one or a combination of the following: abuse of a sexual, emotional and physical nature, neglect of a physical, developmental and medical nature, and exposure to domestic violence (Tarren-Sweeney, 2008).

Unsurprisingly, such children have a higher incidence of health issues such as asthma, dental disorders, dermatological issues and digestive problems than the general population (Carr, 2016). It is also not uncommon for these children to experience sensory issues, developmental delays, problematic behaviour, learning disorders and other difficulties (Carr, 2016). In Tarren-Sweeney's (2008) study 10% of children had a reported physical disability, 22.5% had reported intellectual disabilities, 22% were reported as having speech/language difficulties, and 36% were reported to have reading difficulties. As such, this population was more likely to receive additional support within the classroom such as a teacher's aide and a third of the participants had required disciplinary action at school within the year prior to the study (Tarren-Sweeney, 2008).

Tarren-Sweeney and Hazell (2006) utilised the Child Behaviour Checklist (CBCL) and the Assessment Checklist for Children (ACC) within a prospective epidemiological study of children in care in New South Wales to assess their mental health, socialisation and self-esteem. Their findings suggested that children in this population have severe mental health issues similar to the clinic referred general population, with more than half of the children in care presenting with clinically significant psychiatric disturbances (Tarren-Sweeney & Hazell, 2006). These children typically have complex issues expedited by attachment

difficulties and trauma such as sexualized behaviour, anxiety, conduct problems and oppositional defiance, inattention and hyperactivity, encopresis and enuresis (Tarren-Sweeney & Hazell, 2006; Tarren-Sweeney, 2008; Carr, 2016). Tarren-Sweeney and Hazell (2006) also noted that children in care are unlikely to exhibit traits of perfectionism and shyness/self-consciousness.

Children from all ethnic demographics are represented within care (see Table 2. & Table 3.) but most foster children identify as Māori or Pakeha/NZ European, with Pacific peoples also being over-represented (Child, Youth and Family, 2016). Children who are in contact with CYF are predominantly from low socioeconomic groups, and typically experience high levels of hardship within the family such as multiple relocations and exposure to domestic violence (Sinclair, 2005). Children living in impoverished or violent homes are more likely to experience maltreatment or witness violence, as lack of access to affordable housing provides limited opportunity for mothers to leave abusive homes and these environments create a culture of stress where violence is one way to feel powerful within a powerless situation (Baker, 2010).

Children come into care from birth until late adolescence. In 2016 there were 5,380 in the custody of the Chief executive and of these children 600 were younger than 24 months, 959 were between ages two and four, and 1,538 were aged five to nine. From preadolescence, the numbers increase as 1,184 were ages 10-13 and 1,067 were 14 or older (Child, Youth and Family, 2016). The increase in population with age is reflective of the problematic behaviour that some parents are unable to manage without assistance and the breakdown of family relationships that is a common experience for older children in care (Sinclair, 2005; Carr 2016). Younger children are more likely to be adopted from care, provided with home-for-life or returned to their biological family than those aged five and older (Sinclair, Baker & Gibbs, 2005). Age is the most important variable related to permanence in care as those older

than four are much more likely to experience multiple ‘long-term’ placements, which is possibly related to the higher levels of pre-existing disturbance and poorer mental health of children placed in care at later ages (Sinclair, Baker & Gibbs, 2005; Tarren-Sweeney & Hazell, 2006; Tarren-Sweeney, 2008).

Attachment Difficulties and Felt Security. Neglect and placement in care are two aspects of life for foster children that can put their attachment relationships at risk, and children who are exposed to such trauma are more likely to develop insecure and disorganized attachments or attachment disorders (Carr, 2016; Cain, 2006; Tarren-Sweeney 2013; Quiroga & Hamilton-Giachritsis, 2016). Attachment insecurity can develop due to a child’s separation from their key attachment figure, which may lead to difficulties with trust and forming secure and lasting relationships (Bowlby, 1979). For children in care in between the time of removal and finding a more secure placement, where they can form new bonds, there are often multiple disruptions to their attachment and relationships, starting with the loss of bonds with their birth family (Dallos & Dallos, 2014).

Age of entry into care has significant implications for development and attachment (Tarren-Sweeney, 2008; Quiroga & Hamilton-Giachritsis, 2016). Children are more sensitive to separating from their primary attachment figures between six months and four years old, and the effects of such separation tend to be more detrimental for children with difficult temperaments and insecure attachments (Carr, 2016). Such children can often develop conduct problems and have difficulty maintaining relationships throughout the life course. Hypervigilance and withdrawal are common behaviours exhibited by children in care, however this can be counter-productive to their ability to respond and adapt to the care of a secure environment, serving instead to reinforce beliefs that they need to be self-reliant and cannot trust in relationships with others (Dallos & Dallos, 2014). Attachment issues contribute to a pattern of inconsistent care as reaction behaviours can be extreme and foster

parents may struggle to handle them (Dallos & Dallos 2014). The more stable a placement is and the more consistent it is with the child's background (e.g. siblings kept together), the more likely it is that the child will thrive and benefit from any protective factors (Carr, 2016).

Tarren-Sweeney (2013) investigated the complexity of attachment and trauma symptomatology for a large population sample of children in care and found that their presenting anxiety is more likely to be observed as felt insecurity within their placements than as generalized anxiety or trauma-related anxiety. Cashmore and Paxman's (2006) research from a four wave longitudinal study in New South Wales of 47 young people leaving care considered the relationship between felt security in placements and outcomes for these foster children. Felt security was measured qualitatively by asking if the children had ever felt loved or secure with someone, whether they felt they were listened to, if they ever called somewhere home, if they missed out on affection and what other children had, and if they believed they grew up too fast (Cashmore & Paxman, 2006). The study's results showed that the foster children who felt more secure were those that had more stability in care and fewer placements and had more and wider sources of social support after leaving care (Cashmore & Paxman, 2006). Success 4-5 years after leaving care was measured by awarding points for being employed on a course leading to such, having stable housing, finishing secondary education, no reported substance issues or mental health concerns, a lack of criminal behaviour, and having positive relationships (Cashmore & Paxman, 2006). Felt security was significantly ($p = 0.008$) predictive of these positive outcomes 4-5 years after leaving care, with continuity in placement beyond care and social support after care also being significantly predictive of such in this small sample.

Outcomes of Fostering. There are a range of outcomes for children who are fostered, both positive and negative. Though most adults who are abused as children do not go on to perpetuate the cycle, many will experience depression, anxiety, alcohol and drug abuse,

suicidal ideation, risky sexual practices and other risk taking behaviours (Baker, 2010). For some, the maltreatment does not stop when they enter care, however this typically presents as inappropriate discipline or scapegoating, often precipitated by foster carers struggling to cope with the child's behaviours or the stress of fostering (Tarren-Sweeney, 2008). Many go on to lead successful lives free from substance use and where they find employment and further education (Cashmore & Paxman, 2006).

Sinclair, Baker, Wilson and Gibbs (2004) conducted a follow up of previous studies on foster children. Of close to six hundred young people: 25% were still with the same foster carers, 17% were with their own families, 15% were with new carers, another 15% were adopted, 18% were living independently, 4% were in residence and the remaining children could not be located (Sinclair et al. 2004). Children that were four or under at the time of the original study were largely adopted whereas those over 14 at the time tended to live independently. Stability in placements led to better quality rating of placement by the foster child regardless of placement type (Sinclair et al. 2004). Those children who returned home or left to live independently had higher chances of being re-abused, falling into debt or having poor mental health (Sinclair et al. 2004). These young people were also less likely to see any improvement academically and were more likely to end up in unstable, low-skilled jobs (Sinclair et al. 2004).

Sinclair et al.'s (2004) study suggested that the environment and child characteristics were largely predictive of the outcomes as children who actively wanted to be in their placement were more likely to remain in them, and returns home were largely more successful if both the child and parent were working towards that goal. Children with a high level of disturbance and emotional and behavioural difficulties experienced challenging placements regardless of the type of placement (Sinclair et al. 2004).

Placement Stability and Permanency in Care. Placement stability influences all involved within foster care, particularly the foster children (Sinclair et al. 2004; Nutt, 2006, Cashmore & Paxman, 2006). However, due to cultural considerations and the view of the foster family as a therapeutic provider of normal family life to the child until they can be placed back home there is often little permanence within care without adoption and many threats to stability (Schofield, Beek & Ward, 2011). Carr (2016) states that 20-50% of placements break down due to discrepancies between the child's behaviour and the foster carer's expectations and behaviour management skills. Caregivers in Sinclair, Wilson and Gibbs' (2005) study that were most successful with placements were those who could handle disturbed attachment and manage difficult behaviour without being punitive or rejecting of the child. Such carers were rated highly by social workers if they were perceived as caring and encouraging, if they had low reactivity and if they had the ability to empathise with the foster child's point of view (Sinclair, Wilson & Gibbs, 2005). Foster carers were also more likely to avoid disrupted placements if they had few previous disruptions with other placements and minimal allegations (Sinclair, Wilson & Gibbs, 2005).

Sinclair, Gibbs and Wilson (2004) conducted a study in the UK where 944 carers responded to questionnaires about their experience and comparisons were made between those who ceased placement and those who still fostered after a 19-month follow-up. Only 10% of carers in Sinclair, Gibbs and Wilson's (2004) study ceased placement during this time and they cited the lack of support, placement difficulties and a poor fit between the demands of fostering and their personal lives or work as the most common reasons for cessation.

Tarren-Sweeney's (2008) NSW study in New South Wales found that although the mean number of placements experienced by foster children was 3.1, with a range of 1-25 placements (excluding temporary and respite care), the majority of changes in placement occurred in the first year of being in care and from then on were typically stable. To promote

placement stability Sinclair, Wilson and Gibbs (2005) suggest that foster carers are provided training in skills for responding appropriately to difficult behaviour and attachment issues, and providing encouragement and support to the child. This would be enhanced by social worker training in how to manage contact and how to intervene during coercion traps between foster child and carer (Sinclair, Wilson & Gibbs, 2005).

According to Sinclair, Wilson and Gibbs' (2005) study, children who were lively and affectionate were more likely to have stable placements than those who were aloof or hyperactive, or who had higher levels of emotional disturbance and difficult behaviours such as lying, absconding or substance use. Placements were also more likely to disrupt when there were biological (FCOC) children present but a protective factor against placement breakdown was a goodness of fit between the foster child and the foster family (Sinclair, Wilson & Gibbs, 2005).

Agency and Rights of the Child. Children's needs are viewed as paramount within New Zealand and countries that are members of the United Nations. Legislation has been put in place to ensure that children's needs for wellbeing are met and that their families are supported, empowered and included within decision making processes so that out-of-home placements serve a temporary and rehabilitative role in the first instance (Child, Youth and Family, 2010; Child, Youth and Family, n.d.-a). For example, the New Zealand Vulnerable Children Act (2014) was put in place to ensure that children who are vulnerable are protected and that agencies involved in their care collaborate to achieve this. This is supported by the earlier United Nations (1989) Convention on the Rights of the Child, and the Children, Young Persons, and Their Families Act (1989), as they prioritise placement of children within their family and cultural group as well as active participation from the child and their family in decisions that affect the child.

These regulations are reflective of the belief that every child has a right to their cultural and familial identity, and the right to have their voice heard. For children, the ability to have control and decision making power over their own lives is crucial for self-esteem and self-efficacy. The lack of such can lead to negative outcomes such as learned-helplessness, alienation, and anxiety and depression (Tapp, 1998). Children are entitled to dignity and respect as agents of their own lives, with the same rights and responsibilities as any other individual (United Nations, 1989). However, their agency and responsibilities as valuable and contributing members of society are often overlooked within the system of care to prioritise their protection (Nutt, 2006; Sinclair, Baker, Wilson & Gibbs, 2004; Rapp, 1998; Tapp, 1998). These children are often construed as vulnerable, innocent, unaccountable and unable to make their own decisions in comparison to their more powerful and responsible carers (Nutt, 2006).

The needs of foster children and foster carers own children (FCOC) are often viewed differently by carers and professionals as foster children are typically constructed as being needier than FCOC and displacement of FCOC is often justified by the fact that they have experienced a better life than foster children (Nutt, 2006). The Children, Young Persons, and Their Families Act (1989) regards services in terms of the rights and needs of the foster children and their birth families, often disregarding the agency and needs of the foster carers and their families. In Nutt's (2006) research several carers commented that their own children's needs were completely overlooked by the social services and that within the system not all children's needs are considered equal, despite all members of the family being affected by fostering (Nutt 2006).

The Life of a Foster Carer

Often foster carers are subjected to placements that require them to be available to care with little preparation or advanced warning and that are beyond their training, particularly in regards to managing rejection and disclosure of abuse (Nutt, 2006). Though successful placements are those in which there is good rapport between the foster carers and the bureaucracy, often there is little praise or support for the foster families (Nutt, 2006). Foster carers feel scrutinised and in a less powerful position in comparison to the bureaucratic system of care that insinuates control and surveillance over their lives (Nutt, 2006). To become foster carers their lives and backgrounds are examined in invasive detail, yet they are required to keep any information pertaining to the foster child private and confidential unless previously discussed with the social worker (Nutt, 2006). This puts restrictions on their lives, separating them from networks of support as their ability to confide is reduced significantly, and causes immense change as previous friendships erode whilst new ones form based on the identity established through life as a carer (Nutt, 2006).

Sources of Stress within Fostering. Though most caregivers in New Zealand are positive about their role, believing that they are making a positive difference and that their lives are enriched by the experience, it is clear to see that fostering comes with its own stressors and restrictions upon the foster family's intimate and social life (Child, Youth and Family, 2007; Nutt, 2006). Foster carers open their homes and lives to the difficulties of care which include the emotional burden, dealing with conflict from the biological parents and difficult behaviours of the child, and leaving themselves vulnerable to accusations of abuse and criticism for how they parent (Sinclair, Gibbs & Wilson, 2004). Sinclair, Gibbs and Wilson (2004) noted that a third of carers who fostered under a year and two thirds of carers who had fostered longer experienced an event that negatively impacted the foster family.

The public tends to construct foster children differently to others as they stigmatise the children as being aggressive and worse than their non-fostered peers (Nutt, 2006). Often

foster carers are viewed as saints or unwise for taking on the task of caring for such children (Nutt, 2006). Unfortunately, foster children are also constructed as dangerous within the family due to their ability to accuse foster carers of acting inappropriately or abusing the child, when they are merely responding in ways that would be developmentally normal for their own children (e.g. reading a book in the carer's bed together; Nutt, 2006). Carers have to balance the needs of foster children in a way that provides sensitive care without violating bureaucratic norms, but are only informed of how they are parenting when their care is found wanting by social services; otherwise their provision of care is invisible (Nutt, 2006).

Foster carers construct foster children as risky because it is a way for them to protect their reputation. Many of the carers interviewed by Nutt (2006) expressed concerns that if the child's wants and needs were not met it could lead to an investigation by social workers. Allegations against members of the family or other difficult disruptions to family life negatively impacted the carers and their families in Sinclair, Gibbs and Wilson's (2004) study and would often result in placement.

Decisions made about the foster child without any input from the foster carers was one of the greatest challenges for the families interviewed by Piel, Geiger, Julien-Chinn and Lietz (2016). Carers claim they are not provided with enough adequate information on the child's needs, behaviours or their history before placement began (Piel et al. 2016; Sinclair, Wilson & Gibbs, 2005). The difficulty in gaining access and consent for specialist services such as doctors, educational supports and mental health services is also a source of stress for many foster carers (Murray, Tarren-Sweeney & France, 2011; Nutt, 2006). This, along with rarely being consulted in regards to planning for the child's future can lead to carers feeling less adequate in providing the quality and sensitivity of care that their foster children required (Piel et al. 2016).

Another stressor for foster families is the contact with the birth family (Sinclair, Wilson & Gibbs, 2005). In Sinclair, Wilson and Gibbs' (2005) research, even when foster children wished to see their families it often ended with them being more distressed, and placements were three times more likely to break down when there was evidence of prior abuse yet no biological family members were prevented contact. Contact can lead to child behaviours escalating, children refusing to attend sessions or having to calm them if their biological parents do not attend, re-exposure to trauma or a reluctance to come back to the foster home (Murray, Tarren-Sweeney & France, 2011; Nutt, 2006; Sinclair, 2005). Some foster carers also feel their own safety and comfort is threatened by these visits where there could be differences in culture they were unsure of how to navigate, or where the family of origin was verbally abusive or threatening (Murray, Tarren-Sweeney & France, 2011).

Support for Foster Families. Sinclair, Gibbs and Wilson (2005) argue that the need to provide support is a moral obligation of care and protection services as poor support is highly attributed to placement breakdown (Nutt, 2006, Piel, Geiger, Julien-Chinn & Lietz, 2016). Foster carers in Piel et al.'s (2016) study highlighted the importance of social support within their private lives and interactions with elements of the care system such as having a supportive and communicative relationship with social workers and practitioners, as well as constructive relationships with the foster child's biological family. These relationships were emphasised in the interviews as bi-directional as the foster parents found support was most effective if they could also provide it to others in the child's life (Piel et al, 2016). Supportive relationships between spouses, with their biological children, close friends, religious communities, co-workers, extended family and other foster carers were all noted as highly important sources of support in Piel et al.'s (2016) research.

Foster carers feel the need to be valued, and to have their needs both heard and met, yet many report feeling neglected or disrespected due to the lack of support that results from

high social worker case load (Child, Youth and Family, 2007; Sinclair, Gibbs & Wilson, 2004). According to 'Caregivers speak', caregivers in New Zealand need more support, including assistance in managing difficult behaviours and more support services available for their own children (Child, Youth and Family, 2007). Better respite care support and access to babysitters that could deal with the children's behaviour without costing a fortune is also an important source of support for carers (Murray, Tarren-Sweeney & France, 2011).

In Murray, Tarren-Sweeney and France's (2011) study the foster parents voiced a need for more training, supervision and support to manage their mental health and needs for physical safety, particularly in coping with the loss of a child at placement secession and potential allegations. Foster carers also wanted more support and training for how to work effectively with the child's biological family and the contact visits (Murray, Tarren-Sweeney & France, 2011). Carers in this study felt social workers were often unavailable to support them, largely due to high turnover of professionals working in care and protection.

Social support was considered by foster carers as a critical element of their ability to provide quality long-term care for their foster children and to manage the stressful elements of fostering (Murray, Tarren-Sweeney & France, 2011; Piel et al. 2016). A lack of informal support from family and friends is a contributing factor to placement cessation and the contribution of social support to family resilience is contingent upon interactions of each of the support systems (Sinclair, Gibbs & Wilson, 2004; Piel et al. 2016). However, public opinions and cultural norms impacted the support foster families received as there were positive stereotypes of carers as 'heroes' rather than it being an element of their lives, and there was stigma associated with the foster children (Piel et al. 2016). It is vital that foster carers have access to these methods of support, for example through foster carer support groups, as it provides much needed encouragement for carers and sources of information on how to handle difficult situations (Nutt, 2006). Also, many foster carers are recruited through

word of mouth, therefore it is important that they feel supported in their work to ensure that they encourage others to do the same (Sinclair, Gibbs & Wilson, 2006).

Emotional Burden of Care. Providing care for maltreated children is an emotionally demanding way of life. Some carers expect to be loved and valued by their foster children, but due to attachment difficulties such expressions of affection may take a long time and an emotional bond may feel one-sided for carers (McDonald, 2011). Emotional boundaries need to be in place to prevent foster carers emotionally reacting to the child or the negative aspects of their life for many the visits with the biological family serve as a way to remind them that the child is not a fixed member of their family (Nutt, 2006). However, there is a risk that carers will go too far and emotionally withdraw to reduce the strain of emotional burden which can compromise their ability to provide warm, responsive and sensitive care for the foster child (McDonald, 2011). Foster carers are also pressured to suppress (often legitimate) anger and act as professionals within the home environment when foster children act out, which may lead to some carers feeling the only option is to give up on the placement when things become difficult (Dallos & Dallos, 2014).

Due to the history of attachment difficulties experienced by most in care, and as a contradiction to the need for detachment for their own emotional safety, foster carers are often encouraged to facilitate attachment with the children for therapeutic purposes as the need to belong in a loving family is paramount for the foster child (Nutt, 2006; Thomson & McArthur, 2009). Foster carers therefore must express a certain amount of affection for children who can be hurtful, violent and destructive towards the foster family and home (Nutt, 2006). These demands for affection and attachment can make eventual separation from the child even more heartbreaking (Thomson & McArthur, 2009; Geiger, Hayes & Lietz, 2016). One of the difficulties in experiencing the loss of a foster child is that it can often be an ambiguous situation as the child can be removed with little warning or information after

the fact as to why or how the child is faring (Thomson & McArthur, 2009). Though fostering can be very difficult and some elements are perceived as being unfair, foster carers typically see this as something they need to accept if they are wanting to provide care (Nutt, 2006).

Foster children also display a variety of problematic and difficult characteristics and behaviours. In a New Zealand study on burden of care and support for foster carers, Murray, Tarren-Sweeney and France (2011) found that stress attributable to the foster child is two standard deviations above the mean for normative populations using the Parenting Stress Index. The foster children that these parents had cared for had difficulty adapting to change, exhibited difficult behaviours, and were easily distractible and hyperactive. The wide range of child problem behaviours encountered by these foster parents according to their reporting on the Caregiver Behavioural Encounters Index included self-injurious behaviour, sexualised behaviour, suicidal ideation, lack of empathy and guilt amongst other behaviours (Murray, Tarren-Sweeney & France, 2011). Foster carers in this study also experienced somewhat elevated life stress scores suggesting their external stressors are higher than those of typical parents (Murray, Tarren-Sweeney, France, 2011).

Carer Motivation and Commitment. Carers choose to foster for multiple reasons, many find having a child in their home joyful or as an altruistic way to aid children in need, whereas some find that it fulfils needs to have more children or compensate for their poor parenting or feelings of loss, and many foster carers feel that they should be the child's 'actual mother' (Nutt, 2006; Dozier & Lindheim, 2006). It is important to note that countries such as the USA and to an extent the UK prioritize adoption from foster care as the next best alternative to rehabilitating children back to their biological homes. In the USA the Adoption and Safe Families Act (1997) stipulates that States should move to terminate the rights of biological parents to their children when they have been in care for 15 out of the last 22 months, so that they may be placed in more permanent care (Adler, 2001). Therefore, many

carers who decide to foster may do so with the motivational intent to adopt, which will affect the level of commitment and quality of care that they provide for that child. Foster care meets a need for the foster carers as well as the foster children, which is an instrumental element in ensuring that placements succeed (Nutt, 2006). Nutt (2006) comments that excellent foster carers are often motivated by social conscience and an understanding of the deprivation foster children experience often developed by their own personal experience of care (as foster children or FCOC). Most foster parents provide care believing that their contribution can facilitate change and provide a better childhood for these children (Nutt, 2006).

Geiger, Hayes and Lietz (2013) conducted an online survey of 649 foster carers to understand motivations to continue fostering and perceptions of support and control. Intrinsic rewards of fostering such as love from the foster child and being able to help them grow motivate carers to continue fostering, as well as a sense of duty and responsibility to care for children within their community (Geiger et al. 2013). A sense of self-efficacy was another motivator for placement outcomes as carers who felt they were an included and valued member of the child's therapeutic team were more likely to feel satisfied and continue placements whereas those who were uninformed and felt dismissed by social workers were more likely to feel frustrated and cease placements (Geiger et al. 2013). Though financial reimbursements were not a motivating factor to foster for carers in Geiger et al.'s (2013) study they did contribute to the strain felt by carers and concerns they felt about their ability to continue fostering due to financial stress if further cuts were to occur (Delfabbro et al. 2002; Geiger et al. 2013). Major life changes (e.g. illness or employment loss) and a negative impact upon the foster carers' own children were often cited as motivation to end placements or pause from taking any new ones on (Geiger et al. 2013).

Delfabbro, Taplin and Bentham (2002) also interviewed 48 South Australian caregivers about their motivations and concerns about fostering. 'Love of children', 'desire to

share resources' and an 'interest in child well-being' were the biggest motivations for carers to foster, with companionship and fulfilling the role of a parent as other relatively prominent motivators (Delfabbro et al. 2002). Interestingly undoing parental deprivation was relatively motivating for carers within this study, but filling the void of a lost child or the inability to have children of their own was not highly motivating for this cohort (Delfabbro et al. 2002). The carers interviewed by Nutt (2006) often described their decision to care as a moment of epiphany that has coloured the way they have seen their life since. Working in care is a climate of great change and this change typically has knock-on effects for other elements of their life. Some foster carers perceive their role as being to rescue young children and when such change is not possible they feel that it is a personal failure (Nutt, 2006). On the other hand carers take credit for children they perceive to be 'successes'. Potentially related to this, Lindhiem and Dozier (2007) examined the association between carer commitment and reported foster child behaviour problems and found that carers were more committed to children with low levels than children with high levels of externalizing behaviour, however the direction of this association was unknown.

Foster carer motivation is predictive of attachment development in care. A review by Quiroga and Hamilton-Giachritsis (2016) noted that in the literature a desire to have a bigger family and community altruism are predictive of secure attachments, whereas fostering as a form of spiritual expression, precursor for intended adoption or as a way to alleviate empty nesting are predictive of insecure attachment. In countries, like the USA, where care is either provided with the intention of adoption or with the intention of professionally caring for multiple children we may see secure and insecure attachments guiding carer motivation for the type of placements they pursue. Foster carers construct themselves as having moral value in comparison to the child's family of origin and the bureaucracy of the welfare system. Through this construction, fostering provides carers with a sense of family and a bolster to

their public persona as well as the benefits from relationships with the foster children (Nutt, 2006).

Carer Sensitivity and Quality of Caregiving. Carer commitment and sensitivity of care is an integral part of the foster child-carer relationship. Despite the foster carer's efforts, foster children will often act with distrust and contempt. Children placed prior to one year old will often adapt well over several weeks, however older children continue to be avoidant or resistant after two months in care (Ackerman & Dozier, 2005). The difficulty with this is that foster carers tend to respond in kind with these children, angry with ambivalent foster children or dismissive and less responsive with avoidant children, creating a vicious cycle that is detrimental to healthy attachment (Ackerman & Dozier, 2005). However, foster children's assumptions of commitment are more fundamental to attachment in care than the expectations of the carer's response to distress (Dozier, 2005). Ackerman and Dozier (2005) suggest that children who are placed with carers that are not highly sensitive or accepting may develop maladaptive coping strategies and representations of self, possibly due to not trusting that their caregiver can comfort and protect them.

Caregiver resilience and sensitivity is highly influenced by their own attachment histories, therefore it is often helpful to review their attachment strategies through an Adult Attachment Interview (AAI) when placements are at risk of breakdown, to explore why they may find complex behaviours such as withdrawal and aggression threatening (Dallos & Dallos, 2014). Carers who experienced insecure attachments and rejection as children may have developed attachment strategies of avoiding intimacy and comfort, and may find similar presentations of such in their foster child triggering (Dallos & Dallos, 2014). Such attachment histories often lead to the development of corrective scripts, where they parent in a contrary way to how they were raised (e.g. in a more sensitive and responsive manner; Dallos & Dallos, 2014). Experiencing rejection from their foster child in combination with their past

may lead to feelings of failure and frustration which in turn will reinforce the child's insecure attachment behaviour (Dallos & Dallos, 2014).

Dozier, Stovall, Albus and Bates' (2001) study of 50 foster mother-infant dyads considered caregiver state of mind and its role in child attachment. Carers were coded as having autonomous, dismissive and unresolved/non-autonomous states of mind. Foster carers with secure attachments and autonomous states of mind were likely to have more secure foster children whereas non-autonomous and dismissing carers tended to have foster children with disorganized and insecure attachment. Foster carer's experience was also indicative of attachment relationships as those who were 'less experienced' as carers were more likely to have their foster children develop secure attachments (Quiroga & Hamilton-Giachritsis, 2016). This is possibly explained by negative experiences and loss from previous foster placements effecting the state of mind and interaction patterns of the foster carer (Quiroga & Hamilton-Giachritsis, 2016).

In another study, Dozier and Lindhiem (2006) assessed foster carers of children under the age of five and determined that despite the common practice of social workers preferring to utilise more experienced carers, this experience may impact the quality of the carer's commitment. Dozier and Lindhiem (2006) suggested that carers of older children were best to be more experienced due to their high level of behaviour difficulties, and more committed carers were better suited for younger foster children. This conclusion was influenced by their finding that commitment is reduced with older foster children due to the perception that their care is less necessary, and fits with the outcomes of care mentioned by Sinclair (2005) and Sinclair and colleagues (2004) that children under four are more likely to be adopted from care.

Quiroga and Hamilton-Giachritsis (2016) conducted a review of published studies on attachment in children in alternative care and determined that several caregiver characteristics

were relevant to the child's attachment. Caregiver sensitivity was significantly related to security in attachment across all the studies reviewed but one, and this difference was thought to be explained by excessive monitoring of the child or child medical fragility (Quiroga & Hamilton-Giachritsis, 2016). Another factor explaining this difference is the carer's own childhood trauma (particularly in kinship care) as this trauma reduced the likelihood of secure attachment development. As previously mentioned foster carer's experiences of their own attachment and relationships with their parents may lead them to develop corrective or replicative scripts (Byng-Hall, 1995, as cited by Dallos & Vetere, 2014). This suggests that carers often respond to their children and foster children in ways that mimic the way they were raised or are contradictory to their own upbringing in order to provide better and more appropriate care than they believed they received as children (Dallos & Vetere, 2014).

The Family that Fosters

The purpose of the family system is to care for its members and provide a buffer for stress (Bryant, 1992). Due to this, the interactions that occur within the family can affect how children respond to their environment. For example, children in homes with a high rate of parental conflict are more likely to develop aggressive and antagonistic sibling relationships than those who live in homes where the parents work cohesively and harmoniously (Jenkins, 1992). Another example is that children who have emotionally supportive mothers or who can turn to pets or grandparents during times of stress are more empathetic, self-sufficient, and have a greater understanding of others emotional needs (Bryant, 1992).

The context of family systems is complex due to the different subsystem layers and their interactions as different social systems (Sanders 2004). A typical nuclear family will have three types of subsystems (a spousal subsystem between parents, a parental subsystem between parent and child, and a sibling subsystem between children) and then each dyadic relationship comprises its own unique social system of interaction that impacts the entire

family as well as those two individuals (Sanders, 2004). Understandably the more people are added into the family system, the more complex the interactions within the family become. Within the sibling subsystem a close and supportive relationship can serve as a protective factor in coping with stress, and the presence of an older sibling during times of stress can be a protective factor for experiencing emotional and behavioural problems (Jenkins, 1992). However, children from stepfamilies or with divorced parents tend to have more problematic sibling relationships than those whose parents have stayed together, particularly for male siblings who had younger sisters (Jenkins, 1992).

Foster families furthermore operate differently as they are open systems influenced by the state's interference in family life and the uncertainty of exactly when a foster child will leave that system (Eastman, 1979). Due to the open system, the ability to adjust to the changes made in the family system are largely dependent on the extent to which the child is accepted into that system, the level of communication between systems and the support provided (Eastman, 1979; Piel et al. 2016). For example, communication between support systems (e.g. foster carers, school, social workers, biological family) can impact the foster children and foster family indirectly as it can relieve stress and reduce tensions within relationships caused by misinformation (Piel et al. 2016). The transitions required within the family system, the emotional demands, constant adjustments and role changes can impact the functioning of the family as a cohesive unit and its ability to address the needs of each member (Piel et al. 2016). Adding an additional child to the home is often stressful and interrupts the transactional patterns, yet nevertheless FCOC are often obliged to befriend and empathise with the source of their discomfort (Wilkes, 1974). The pressure from social workers and parents to accept the foster child may lead FCOC to feel guilty for any negative feelings they have about the child or situation, particularly if negative sentiment is met with parental reproach (Wilkes, 1974).

Differential Treatment. Children raised in the same home rarely grow up in the same environment as families go through stages of stressors at different points of each child's development (Sanders, 2004). They also experience life differently as growing up with a younger sibling is a separate experience to having an older sibling, as is having a brother versus a sister (Sanders, 2004). Though most carers want to be perceived as having the same parental role and rules for all children living in the household, differential treatment does occur between foster carers' own children (FCOC) and foster children (Nutt, 2006). The role of foster carer requires different procedures than typical parenting that are constructed by professionals in the care system, and they often fear repercussions from parenting a foster child in a way that would be perfectly natural with their own children (Sinclair, Gibbs & Wilson, 2004; Nutt, 2006). For many parents differential treatment of their children is unavoidable due to differences in gender, age and temperament (Boer, Goedhart & Treffers, 1992). The main issue is not whether the treatment is differential but how the children perceive the treatment to be. This perception affects the negative qualities in sibling relationships and can lead to children being more aggressive, avoidant and unaffectionate towards their sibling if they are being treated with less warmth or more restrictions and punishment than the other, regardless of their own needs being met (Boer, Goedhart & Treffers, 1992; Sanders, 2004).

Sibling Relationships. Though foster children are not the biological siblings of FCOC they are still entering the family home and requiring a high level of care from the foster carers, therefore there may be some similarities within foster sibling and typical sibling relationships. Siblings take on many roles whether it is acting as a role model to set the standard of following parental rule, acting as a companion or competitor who influences their sibling's social world, or filling the role of confidant during emotionally stressful periods (Bryant, 1992; Buhrmester, 1992). Often for preadolescents the first person they will disclose

to will be a peer or their sibling, particularly if that sibling is older (Buhrmester, 1992). This is consistent within the literature on FCOC as often a foster child will make disclosures to FCOC before foster carers or social workers (Twigg & Swan, 2007). This will be discussed further in the next chapter.

Upon the arrival of a new sibling most firstborn children demand more attention and utilise aggression (often directed at the baby), though others withdraw or develop more independence (Sanders 2004). In the preparation for a new sibling's arrival there are changes happening all around the child such as the nature of their interactions with their parents, which they may not understand depending on developmental stage (Sanders, 2004). These changes also occur for FCOC, yet the CYF Caregiver handbook only mentions briefly how Foster carers can take care of their own children in regards to the drastic life changes and public involvement within the private sphere that occurs when fostering a child (Child, Youth and Family, n.d.a.). Older children have less quantity and quality of time with their parents at this time, with the mother in particular being less accessible than in the past (Sanders, 2004).

The greater the age difference between children the more likely the older sibling will take a more dominant and nurturing role (Buhrmester, 1992). First-borns typically have greater restrictions than younger siblings and act as a pseudo chaperone as parents relax their need for control as they gain parenting experience (Bryant, 1992). This is particularly the case in families where the parents are either emotionally or physically unavailable to their children, as the younger children need more help from their older siblings (Bryant, 1992).

As younger siblings develop physically and cognitively they make better playmates for their older siblings. In their play, older siblings tend to initiate more social behaviour whereas the younger tend to imitate (Sanders, 2004). Children in late adolescence report less sibling conflict than those in early adolescence which is thought to be related to the increased amount of time spent with peers rather than at home (Sanders 2004). Sibling conflict is also

increased by stress within the parental relationship, which may influence FCOC as fostering can often be a stressful situation for their parents (Sanders, 2004). The highest level of sibling conflict occurs during preadolescence and early adolescence, with sibling relationships becoming more egalitarian and less intense as children develop (Buhrmester, 1992; Sanders, 2004).

Intrusion of the State in Private Family Life. Foster care is essentially the private life lived through the public lens as children are placed within carers homes but family life is constantly subjected to the bureaucracy of registration, regular inspection and professional hours for meetings and support (Nutt, 2006). In New Zealand, the foster family takes care of the day-to-day needs for the child, the social services attend to legal responsibilities, and the biological family maintains guardianship rights (Child, Youth and Family, n.d.a.). Foster carers often cannot make any decisions on behalf of the child as guardian permission forms, medical decisions and similar issues require involvement from the social worker and input from the biological family (Child, Youth and Family, n.d.a.). Carers must even rescind their right to make decisions about their own lives, requiring state approval for any decision that has the slight possibility of impacting the foster child (e.g. planning a holiday or having a new partner stay in the home; Child, Youth and Family, n.d.a.). Though foster carers are not paid for their contributions they are expected to open their homes and private life to bureaucracy and be available for the demands of the timetable imposed on that child 24 hours per day (e.g. social worker visitations, meetings with the biological family and with other professionals; Nutt, 2006).

Foster carers have to manage the boundaries between public and private spheres, despite the ambiguity of relationships within the foster family (Nutt, 2006). Foster carers have minimal autonomy in how they are to parent children, and are constantly answerable to and critiqued by the system of care (Nutt, 2006; Thomson & McArthur, 2009). Behaviour

that would be unacceptable in their own children needs to be managed carefully, rather than in the way they would naturally parent (Nutt, 2006; Thomson & McArthur, 2009). Therefore, the bureaucracy aims to give foster children a normal family experience whilst constraining the foster carer's ability to provide what they believe to be good care (Nutt, 2006; Thomson & McArthur, 2009).

Chapter Two: Literature Review

A systematic review of the literature was conducted to review research that focussed primarily on foster carer's own children (FCOC). Since much of the existing literature was qualitative this review addresses the validity and limitations of these studies, their common themes, and the gaps within the literature. The studies included in this review needed to have FCOC as a predominant focus for their research and were all in English. Throughout the literature there is no consistency to what FCOC were referred to as; 'Biological children', 'foster parent's own children', 'birth' or 'natural' children, 'sons and daughters of foster carers', and 'children who foster' are just some of the many options that are found across relevant research (Serbinski & Shlonsky, 2014). All these combinations were utilized in searching for research, as was reviewing any relevant study's reference list. The literature was sourced from university library databases, ProQuest Dissertations and Theses database, search engines, relevant journals and publications. Some sources cited by previous literature reviews were no longer accessible for this review therefore the following review is not an

exhaustive list of the literature, particularly as it includes no research in languages other than English.

Four literature reviews were found but not included within this review. Twigg and Swan (2007), Thompson and McPherson (2011), Hojer, Sebba, and Luke (2013) and Serbinski and Shlonsky (2014) all conducted reviews of the literature on FCOC and unanimously commented that there is not enough known about the experiences and outcomes for FCOC.

International Studies

Though interest in the field of understanding FCOC's experiences has grown, particularly in the last twenty years, a generous estimate would be that little more than 50 studies have directly addressed this topic. Most studies that have been conducted to date have been from the UK but interest in Canada, the USA, Australia and elsewhere worldwide is gathering traction. The depth and breadth of the existing studies has been lacking as they typically are small, qualitative studies largely aiming to understand the benefits and challenges of care and overall experiences. Despite small studies being easily critiqued in isolation, they can combine to provide valuable information about the broader topic at hand and enhance relevant practice. Therefore, the following literature has contributed to our current understanding of the experience of FCOC, and provides a path towards future research and deeper understanding.

United Kingdom. One of the original studies focusing on FCOC involved a focus group with FCOC aged 10-15, run by Martin (1993) for a year and a half and had seven participants consistently attend as they believed they could improve the lives of foster families by educating agencies. The participant criteria, aims and methods were not mentioned which suggests a lack of rigour and transparency, however this was one of the

earlier articles on the topic which provided a thematic base for future research. The same could be said for Part (1993) who posted a questionnaire that received 75 responses from FCOC aged 3-24. The difficulty with this self-reporting questionnaire was that some responses would have required parental presence and influence, and participant self-selection which may have biased the results (e.g. a three-year old's responses would be primarily the carer's responses). Nevertheless, these two articles are commonly cited in the literature on FCOC as they broke ground by establishing some understanding of their unknown experiences.

Reed (1994; 1996) conducted a study as part of a research program commissioned by Barnardos, a service that provided long-term care for foster children with disabilities. Though this may have influenced the report writing, participants' negative and positive comments on fostering were both reported. Reed's (1994; 1996) mixed-methods qualitative study recruited 23 FCOC participants for interviews, 19 of which agreed to participate in group discussions and Reed's (1996) later study also used 16 semi-structured interviews from carers. Reed (1994; 1996) did not reflect on any ethical considerations or researcher bias despite potential conflict of interest with Barnardos, nor any method to ameliorate the effect of such biases from impacting the findings.

Pugh (1996) is another author commonly cited across the literature. Pugh (1996) interviewed nine FCOC and four foster carers from a representative sample, and consulted the views of social workers from that area's team. No clear method or analysis process was mentioned in the published study which undermines the trustworthiness of the findings with a lack of reflexivity, however the use of multiple sources strengthens the themes that Pugh (1996) reported.

Watson and Jones' (2002) study utilized a mixed quantitative/qualitative methods questionnaire that was devised through a previous pilot study. This questionnaire was sent to

423 FCOC participants in two different counties in England and amongst foster groups; 116 were completed by FCOC ages seven and above (Watson & Jones, 2002). This study was not culturally diverse in terms of participants, as all were Caucasian, and required self-selection for reporting. Ten participants had been fostering all their lives and fifteen had adopted their foster siblings whereas the overwhelming majority started fostering aged 4-12 (Watson & Jones, 2002). Though the use of questionnaires enabled greater recruitment, the depth of answers was limited and the use of frequencies in coding open-ended questions conflates the meaning of the quantitative findings. The qualitative methods were well conducted and strengthened the study.

Spears and Cross (2003) conducted semi-structured interviews with four male and 16 female FCOC aged 8-18 in Scotland. The questions used were adapted throughout the interview process, showing reflexivity, and some interviews were conducted via telephone as participants were unavailable to meet in person. Later, once the findings were collated, 20 FCOC (ten who had been previously interviewed) were asked to reflect upon them and determine advice to give to future FCOC. Though this study is transparent in the interviewing methods, it is unclear how recruitment occurred, how data was analysed and the rigour involved in such.

Richardson (2007) utilised an IPA analysis of semi-structured interviews with seven male and eight female FCOC (aged 12-16) recruited through independent fostering agencies in the London area. They had varied ethnic backgrounds and their families had fostered between two months and 11 years. Rigorous data analyses were utilised and coding was compared with a second researcher to enhance validity for the findings.

Sutton and Stack (2013) utilized a qualitative interpretative phenomenological analysis using a convenience sample recruited from a Scottish Foster Care Association. Fifteen participants were approached to conduct semi-structured interviews and six (one

male, five female) aged 12-18 agreed to participate. The study utilized participant validation of transcripts to promote trustworthiness of the data.

Thompson, McPherson and Marsland (2014) used constructivist grounded theory to explore the effect of fostering on parent-child relationships. Participants of various ethnic backgrounds were recruited through theoretical sampling where nine foster carers were interviewed, one after the other, until theoretical sufficiency was achieved, with the remaining 13 participants asked to comment on the findings (Thompson et al. 2014). This study had a high level of trustworthiness as it utilized rigorous coding, was transparent and coherent, and utilized researcher reflexivity and respondent validation of the findings (Thompson et al. 2014).

Barter and Lutman (2015) conducted a thematic analysis utilizing focus groups from diverse backgrounds to better understand violent peer interaction within the foster home. Thematic analysis was used to interpret the responses of 32 foster carers (26 female, 6 male) who had experienced a mix of long-term and short-term fostering for between two and 43 years participated in the study. The study's findings and implications are tentative due to sample size and participant self-selection, however the study uniquely adds to the understanding of FCOC's experience of the particular phenomenon of violence in the foster home.

United States of America. Kaplan (1988) conducted a mixed method study utilising semi-structured interviews with FCOC and their mothers, story-telling, sentence completion and family drawings. The sample was not representative but 11 boys, four girls and 11 carers participated in the psychodynamic study. The data were examined for ideas of intentional abandonment, separation anxiety, superego conflicts and fantasies regarding the fostering experience (Kaplan, 1988). There was no reflexivity acknowledged despite the level of

interpretation required for the results, however the data provide a unique theoretical perspective of the literature that served as a foundation for future studies.

Poland and Groze (1993) utilised availability sampling for quantitative and qualitative questionnaires, one for 51 FCOC (aged 8-32) and one for their parents (52 responded). This is the only study involving quantitative methods that was available for this literature review. No in-depth qualitative method was presented, but they noted that the parent and child questionnaires (ages 14<) included closed and open questions, whereas the other questionnaire (ages <13) only utilized closed questions with parents requested not to help with answers (Poland & Groze 1993). However, as the questionnaires were returned by mail there is no way to ensure the trustworthiness of that. The triangulation of FCOC and carer reports is beneficial as it found that, though there are many similarities, FCOC perceive their experience of care differently to how their parents believe they do (Poland & Groze, 1993).

Younes and Harp (2007) was the most highly appraised study reviewed by Thompson and McPherson (2011). They used semi-structured interviews with carers and FCOC to understand the impact of fostering upon 16 FCOC. The purposive convenience sample consisted predominantly of Caucasian, middle class, nuclear families. A strength of this study was the triangulation of parent and FCOC responses which resulted in similar findings though the reasoning behind the answers was understandably different. The researchers also utilised multiple sources for coding and interpretation of data to improve validity.

Diepstra (2007) wrote a dissertation qualitatively examining the impact of care on FCOC with a diverse sample of 12 women and 10 men (aged 7-21), and a carer from each of the 11 families, who had fostered between four and 19 years. This study was sensitive to context, transparent, coherent and reflective as befits the narrative methodology used in analysis and the semi-structured interviews with both FCOC and carers (Diepstra, 2007).

Canada. One of the first studies to directly address the role of FCOC in foster care was Ellis (1972) with mixed methods of qualitative interviews and focus groups with foster carers, social workers and FCOC from a group home setting. Though this article is not rigorous in its method, it provided future research with a starting point for understanding this experience (Ellis, 1972).

Twigg (1994; 1995) conducted a study with eight families, who had fostered for at least three years, that were recruited from a private treatment foster care agency in Canada. The families were suggested by the agency and all agreed to participate after phone contact, which may have created selection bias. The studies consisted of two interviews, one with the FCOC (five females and three males aged 15-28) and a follow-up interview with their families. The narrative analysis of the family and FCOC narratives was consistent and the researcher attempted to obtain participant feedback to summarize findings which improves the transparency and validity of this research. Twigg's (1994; 1995) research also utilised researcher reflexivity which promotes validity but the use of convenience sampling limits the generalizability of the findings. One aspect of the research Twigg (1994) focused on was Foster care as a source of Loss for FCOC: Loss of parents' time and attention, loss of place in the family, and loss of family closeness. The other aspect Twigg (1995) focused on was coping mechanisms for FCOC: Three different coping styles were utilized by FCOC, with most using a combination of the three: viewing the foster children as 'needy problem children', isolating themselves from the foster care experience, and objectifying the foster child.

Heidburrt (1995) conducted an exploratory qualitative study using a grounded theory approach. Of the nine FCOC participants five were aged 7-16 (three male, two female) and four were adult FCOC (three female, one male) no longer living at home, with two participants being siblings allowing for data comparisons. A focus group of five parents of

the interviewees was also conducted. This study was coherent and transparent in its data collection and analysis methods, and utilized researcher reflexivity.

Australia. Nuske (2010) facilitated 22 semi-structured interviews with FCOC aged 9-32 in New South Wales who were recruited through letters from their local Foster Care association. There is no indication of whether this sample was representative or not and the article is neither transparent nor reflective in its methods. Participant comments were clustered into themes using phenomenological analysis representing both confirmatory and contradictory accounts and adding to the trustworthiness of this study.

Noble-Carr, Farnham and Dean (2014) recruited nine diverse families from a foster agency that had a range of experiences (from respite and crisis care to permanent care) who had fostered for between six months and 10 years. Three boys and three girls participated in a focus group for ages 8-13, and two boys and one girl participated in a group for ages 14-17. It is important to note that one child in the latter group was 11 as they could not attend their own age group which may have influenced the answers provided (Noble-Carr et al. 2014). Eight foster carers (seven female/one male) from different families also participated in a focus group. This study was coherent, transparent and paid attention to the social context for the foster families in addition to triangulating the perspectives of carers and FCOC.

Targowska, Cavazzi and Lund (2015) conducted a qualitative study that utilized purposeful sampling collating data from: two focus groups and individual interviews with 14 FCOC aged 6-14, a focus group of six foster carers, and interviews with five representatives from fostering agencies in Western Australia. The study's findings were limited in their generalizability as all FCOC and foster carer participants were recruited from only one agency. However, the triangulation of responses improves the validity of the responses and contributes further to reducing the gap in understanding of FCOC in Australia. From the

findings, Targowska et al. (2015) developed DVD, booklet and reading resources for carers and FCOC to help initiate conversations about fostering.

Roche and Noble-Carr (2017) conducted a scoping study utilising two focus groups to interview nine FCOC from eight families that had experienced a range of foster care placements. Five male and four female participants aged 8-17 were asked to discuss their experiences to better understand their agency within care. There was a lack of transparency in how the analysis was conducted within the published article, however trustworthiness was adequate as direct quotes from the participants were utilised and the research appears to be tied to the previous work by Noble-Carr and colleagues (2014) which was trustworthy and had methodological rigour.

Sweden. In Sweden the welfare system adoption is never an option unless the biological parents give their express consent, and placements have no time limit; instead the agencies, carers and biological parents make a plan for the child together that specifically meets their needs (Hojer, 2007). A mixed method design was conducted by Hojer (2007) that used focus groups, discussion groups and interviews as qualitative methods and a survey with mixed quantitative and qualitative questions. Focus groups met on one occasion with 17 FCOC also divided into three age groups (9-12, 13-17 and 18-25). Discussion groups that met on three occasions to discuss unanswered questions from the focus group were conducted for 16 FCOC dispersed across three groups, aged 11-14, 15-17, and 18-25. The postal questionnaire, designed using information from the previous focus and discussion groups had 684 FCOC respondents (aged <25) and the results were analysed using SPSS (Hojer, 2007). The participant sample were self-selected and very eager to share their experiences as for many this was their first opportunity to do so, therefore there is a risk of bias in the findings. However, the methods were transparent and reflexive as they adapted to respond to the participants throughout the study.

Previous New Zealand Study

Nel (2014) is the only known pre-existing study on FCOC within New Zealand. Nel (2014) utilized a qualitative descriptive analysis of the semi-structured interviews conducted with two male and three female FCOC participants aged 13-18. Participants were recruited in the Auckland area through flyers, contacting relevant fostering agencies, and word of mouth. Though this may have led to selection bias this was the most appropriate method for recruiting for such a sensitive topic (Nel, 2014). One participant had an older permanent foster child living with them and the others had younger permanent foster children, however, all participants had experienced temporary or respite placements with the number of foster children in their home ranging from 2-19.

The trustworthiness of this study has some limitations as the participants were interviewed in distracting environments where technology was accessible or there were other people around in the home. The participants may have been wary of hurting their parents' feelings or needing to give what they perceive to be the 'right' answer to questions if they feel that there is no confidentiality to their answers; a fact which was reflected upon by Nel (2014). The data was also not entirely rigorous as one interview was conducted via email rather than in the intended semi-structured interview that other participants attended, which may have influenced the quality of the responses. Though the findings of this study may not be generalizable to all FCOC, the themes that arose are consistent with much of the literature and give insight towards how some FCOC in New Zealand describe their experience of fostering.

Themes Across the Literature

Starting the Fostering Process. Consistently throughout the literature, most carers discuss the decision to foster with FCOC before the arrival of the foster child (Spears & Cross, 2003; Younes & Harp, 2007). Poland and Groze (1993) found that 90% of carers and 87% of FCOC reported having this discussion. However, this discussion tended to focus on the parents' already made decision to foster and what that would entail for the FCOC. FCOC had little if any input towards the decision to foster particularly if the parents did not believe such a conversation was developmentally appropriate (Spears & Cross, 2003; Younes & Harp, 2007; Noble-Carr et al. 2014). Nel's (2014) participants differed in their experience as most felt that they were involved in the decision to foster. Targowska and colleagues' (2015) study suggested that minimal discussion was had between FCOC and carers beforehand, but during the conversations that took place more than half of the FCOC reported that they felt pressured to foster as it would be selfish to say no despite their feelings of unease. This is consistent with Wilke's (1974) belief that FCOC feel pressured to accept the foster child into their home, building a positive and tolerant relationship with them despite any hostile feelings, for fear of censure from their parents (Wilkes, 1974).

Foster carers in Thompson et al.'s (2014) study generally seemed to consult FCOC and include them in the fostering process, however older FCOC were consulted more and younger children were merely informed about what was going to happen. Spears and Cross (2003) and Nel (2014) also found this, as FCOC became more involved as they matured and age was a factor influencing the degree of censorship on information pertaining to the foster child. Martin (1993) determined that FCOC wanted to be more involved in the decision process. This sense of agency made it easier for FCOC to adapt to change if they were involved in decisions and felt that carers valued their input (Heidburrt, 1995).

Initial Adjustment. FCOC were a mix of anxious, jealous and excited when foster children initially joined their family, with some expressing concern about living with

strangers who may physically harm them (Richardson, 2007; Younes & Harp, 2007). This initial period could often feel awkward for FCOC (Sutton & Stack, 2013). Over time however, FCOC learned to cope with the situation and became used to the changes and chaos of fostering (Younes & Harp, 2007). Family dynamics must adjust to suit the needs of the interloping foster child and can cause shifts in family culture that was previously taken for granted, creating conflict due to a loss of family system equilibrium (Ellis, 1972; Wilkes, 1974). Another source of conflict and difficulty adjusting is the fact that some carers expect FCOC to adjust naturally to the changes within the home without issue, a maturity that may be beyond their developmental age (Ellis, 1972).

Lack of Information. Both the carers and FCOC felt unprepared for the reality of fostering when it arrived (Younes & Harp, 2007). There was a lack of information provided by social workers and discussion to ensure FCOC understood what fostering would entail prior to placement (Targowska et al. 2015; Nel, 2014). FCOC in Nel's (2014) research stated that they were provided with some basic information before the foster children arrived, for example the name and age of the child, and a rough understanding that a difficult home life had led to the child needing care. Two participants, however, mentioned that there had been occasions when they came home to find a new foster child present without having any information prior (Nel, 2014). Fifteen out of 20 FCOC in Spears & Cross's (2003) study said they would have preferred to be more informed about foster children and the process, and that though they discussed fostering as a family there was no outside consultation with FCOC. FCOC wished they had been told what the foster child's behaviours would be like and how much their home life would change and felt that they needed to feel included and informed in decisions that would affect them (Martin, 1993; Poland & Groze, 1993; Roche & Noble-Carr, 2017).

Foster Carer and FCOC Relationship. Particularly in the initial adjustment period, carers struggled between their desire to make a difference and care for the foster child and their own children's needs (Younes & Harp, 2007). Some carers felt that both the foster children and FCOC wanted more from them than they could provide which required exhausting effort or establishing firm boundaries, and often left less energy and time for their own children (Thompson et al. 2014). FCOC, not wanting to add to their parent's stress would often find support elsewhere (Swan, 2000; Norrington, 2002 as cited in Twigg & Swan, 2007). In particular, FCOC would rarely want to share their upset about the lack of parental attention as this made them feel guilty or selfish (Mauro, 1985; Twigg, 1993; Norrington, 2002; Swan, 2002; Nuske 2006 – as cited in Twigg & Swan, 2007). However, open communication is a vital part of parent-child dynamics and problem resolution (Heidburrt, 1995; Sutton & Stack, 2013).

FCOC felt a loss of closeness with their parents and within the family dynamic as certain patterns of interaction and sources of humour were changed with the introduction of a foster child (Twigg, 1994). In Thompson et al.'s (2014) study caregivers reported that their relationship with their own children changed in ways they did not want, becoming more like teammates than family members. Positive improvements in the foster carer/FCOC relationship occurred when they made an effort to spend time with their children, communicated effectively, were more attentive to FCOC's feelings and made an effort to show affection (Thompson et al. 2014; Diepstra, 2007). One anecdote about the carer-FCOC relationship from Nobel-Carr and colleagues (2014) mentioned that the FCOC wanted to know if their parents loved them more than the foster child, and was "a little heartbroken" when the carers replied that all of the children were equally loved. Interestingly Kaplan (1988) found that younger FCOC were often concerned that they would be removed from their parent's care if they were 'bad' like the foster children had be. This resulted in

separation anxiety and a threat to felt security for many FCOC who feared they would lose their parents, however this fear tended to be underestimated by carers (Kaplan, 1988). Therefore, felt-security was a key element of fostering for many FCOC that had the ability to affect their relationship with their parents.

In Thompson et al.'s (2014) study caregivers reported that their relationship with their own children changed in ways they did not want, becoming more like teammates than family members. Many foster carers believed that their relationship with FCOC would persevere through the strain of fostering and be made stronger, though others expressed a desire for those relationships to return to 'normal' (Thompson et al. 2014). Positive improvements in the foster carer/FCOC relationship occurred when they tried to spend time with their children, communicated effectively, were more attentive to FCOC's feelings and made an effort to show affection (Thompson et al. 2014; Diepstra, 2007). Unfortunately 61% of carers felt that care did not improve their relationship with FCOC (Poland & Groze, 1993).

Parental Attention. Most FCOC did not enjoy sharing their private lives or relationships with foster children (Watson & Jones, 2002; Hojer, 2007). In particular, FCOC begrudged needing to share parental time and attention with foster children as their higher level of needs required carers to spend the majority of their time with foster children and not FCOC (Ellis, 1972; Part, 1993; Twigg, 1994; Reed, 1994; 1996; Hojer, 2007; Nuske, 2010; Noble-Carr et al. 2014). Some FCOC struggled with the need to always set aside their own feelings and resented being treated differently and having to compete for their parents' affection and attention (Martin, 1993; Richardson, 2007; Thompson et al. 2014; Nuske, 2010). FCOC also felt they were unable to voice these feelings as they felt expected to adapt to the changes, which caused some conflict between carers and FCOC (Twigg, 1994; Richardson, 2007). Poland and Groze (1993) found that 39% of carers noticed FCOC having issues with sharing parental attention, and that this impaired the success of the placement.

Sharing parental time had a strong association with whether FCOC liked fostering ($\chi^2 = 9.25$; $\Phi = .50$; $p = .002$) and there was a moderate association between parental time and whether FCOC liked the changes in the home that were the result of fostering ($\chi^2 = 3.99$; $\Phi = .34$; $p = .04$; Poland & Groze, 1993).

In Nel's (2014) study the foster children overall received more attention but this tended to improve as parents developed better skills to cope and often FCOC understood why this extra attention was necessary, however this was an older cohort of FCOC. Younger FCOC were more likely to experience competition for parental attention and not able to empathise and understand as easily as older FCOC due to their development (Kaplan, 1988). Often FCOC felt the need to shout in order to be heard and act out to gain their parents's attention, whilst others felt so frustrated by the lack of attention to their needs that they decided not to bother their parents with their concerns or needs (Ellis, 1972; Nuske, 2010).

FCOC Role and Expectations. Many FCOC feel that their contribution to care is unappreciated and unacknowledged despite their role within care and the expectations placed on them whilst fostering (Pugh, 1996; Watson & Jones, 2002; Twigg & Swann, 2007; Noble-Carr et al. 2014).

Different Expectations for FCOC. Despite the changes that occur with the entrance of a new person in the home, carers often expected FCOC to cope and adjust, doing as they were told with minimal fuss (Ellis, 1972; Heidburtt, 1995; Younes & Harp, 2007). FCOC felt they needed to be selfless and put the foster child's needs above their own and felt pressure to be consistently perfect examples of good behaviour even when they had their own issues to work on (Heidburtt, 1995; Richardson, 2007; Younes & Harp, 2007). This meant that, due to the difficult presentations of foster children, there were often different rules for them and FCOC as many behaviours of the former would be overlooked where the latter would be held accountable (Spears & Cross, 2003). FCOC reported that they often received differential

treatment to foster children, as carers tended to tread more carefully with foster children (Ellis, 1972; Richardson, 2007). This may have been due to foster carer training or the expectation that FCOC would just naturally adjust and take on a more mature role than the foster child (Ellis, 1972). However, the FCOC in Nel's (2014) study reported that the house rules were consistent for the FCOC and foster children.

'Parental' Child Role. Many FCOC throughout the literature take on a caregiving, mentoring or 'parental' role with the foster children, particularly when the foster children were younger. The majority of FCOC said they were given responsibility for the foster child, ranging from babysitting to engaging in primary care tasks such as dressing or changing nappies for younger foster children (Kaplan, 1988; Reed, 1994, 1996; Watson & Jones, 2002). Having a caregiving role and being an active member of the foster care team was protective for FCOC as it enabled them to feel more in control within the fostering environment (Sutton & Stack, 2013). Often this 'parental role' was a method of FCOC protecting their parents from more stress as some FCOC felt it was their role to parent foster children in order to serve as a buffer against foster child and carer conflict (Spears & Cross, 2003; Richardson, 2007).

Often FCOC seemed to overlook the fact that they themselves were children as the responsibility to care was often demanding for a child (Diepstra, 2007; Richardson, 2007; Nuske, 2010). Some FCOC felt that they were relied on too much to help with the foster children, causing strain for them (Reed, 1994). Another source of responsibility for FCOC was the need to assess the severity of information foster children confided in them, and whether they needed to report this to their parents or keep the foster child's confidence (Nuske, 2010; Roche & Noble-Carr, 2017). Regardless of these difficulties, FCOC appreciated being confided in and felt a sense of pride in their role when a foster child the mentored started experiencing success (Targowska et al. 2015; Sutton & Stack, 2013).

Threat to FCOC's Role in Family. Thompson, McPherson and Marsland (2014) found that maintaining a particular position within the family system (e.g. birth order) was important for FCOC to feel secure in their relationship with carers. FCOC experienced displacement when they were no longer the oldest child, which was made more difficult as carers still expected them to be role models for the foster children (Younes & Harp, 2007; Twigg, 1994). In Twigg's (1994) study all FCOC reported foster children as being a threat to their position in the family, particularly when the foster children were of a similar age as they also felt their peer relationships were threatened. Losing their position in the family was very difficult for FCOC particularly for eldest children and within more permanent care (Noble-Carr et al 2014). One eldest child commented that they lost their position as being the more dominant child within the family when an older foster child came along (Noble-Carr et al. 2014)

State Influence on Family Life. Fostering is the act of providing a normal family home environment for a child, whilst the normality of this home is disrupted by consistent intrusions by the state. Foster agencies often make all the key decisions on behalf of the foster child and often with little involvement or consultation of the foster carers, and when they find families that they trust to competently care for children such families can be over-utilised to the point of exhaustion (Wilkes, 1974). Due to the prioritization of the foster child's rights and needs and the lack of acknowledgement for FCOC's role in care, FCOC often felt that they were less important to their parents and the agencies than the foster children were (Heidburrt, 1995).

Fear of Allegations. A source of anxiety for FCOC was the possibility that something they did or said would be reported by the foster child that would result in their punishment, difficulty for their parents or removal of the foster child (Spears & Cross, 2003). FCOC were worried about allegations being made against them if they treated foster children like they

would their siblings (playing roughly, joking and teasing) and some had been warned by social workers that if they weren't careful they could trigger past trauma for the foster children (Richardson, 2007). This fear impacted the way FCOC could conduct themselves in their own homes, for example Reed (1994) found that one FCOC was afraid to be alone with the foster child for fear of allegations.

Change in Parenting Strategies. Carers felt that they had to change their parenting style due to stipulations made by the state, for example they could not bathe all young children together (fostered and FCOC) or were unable to withhold pocket money when foster children refused to perform chores as they would with their own children (Thompson et al. 2014). Additionally, since foster carers are not the guardians or true 'parents' for the foster child this can make discipline and exerting control difficult and cause carers to be indecisive and full of doubt (Wilkes, 1974). This often resulted in discrepancies between how FCOC and foster children were parented and became a source of conflict within the family system until a balance was found (Wilkes, 1974).

Relationship with Social Workers. The social worker often has the role of scrutinising the parenting practices of foster carers therefore this relationship can be stressful for the family, particularly during difficult times with the foster child (Wilkes, 1974). Additionally, the dismissive attitude of social workers towards both the FCOC and their parents was a great concern for FCOC in Watson & Jones' (2002) study. Many FCOC felt the social workers were uninterested in their views and only the FCOC in a support group felt heard (Watson & Jones, 2002). Most FCOC had not officially met the social workers involved with the child and those that had viewed their interactions as overwhelmingly negative, particularly when social workers underplayed the reality of fostering to FCOC (Martin, 1993; Part, 1993; Nuske, 2006, as cited in Twigg & Swan, 2007). Participants in Part's (1993) study also noted that all the social worker's attention was given to the foster

children, and that the social worker's involvement was frequently disruptive to the home environment, despite foster carers feeling that social worker involvement with FCOC would be beneficial (Elliz, 1972; Twigg & Swan, 2007; Thompson & McPherson, 2011; Hojer et al 2013; Serbinski & Shlonsky, 2014). Barter and Lutman (2015) reported that in cases of peer violence in the home social workers would often minimize violence towards FCOC and condemn any reactive behaviour from FCOC rather than recognising that such behaviour would be typical of normal sibling interaction and that their actions may indicate that the FCOC's welfare needed to be given more consideration.

Placement Cessation and the Transient Nature of Care. There are many reasons for foster placements ending, not least the fact that many placements are never intended to be permanent, but instead a therapeutic respite until the child can return to their family of origin. Social workers reported that conflict between FCOC and foster children such as jealousy, aggression, and sexualized behaviour were often responsible for contributing to placement breakdown (Pugh, 1996). Nevertheless, FCOC felt a lack of control, loss and disruption in the home when foster children were abruptly removed from their homes with little information provided by social workers in preparation for the foster child leaving (Targowska et al. 2015). The foster child's transition out of care was particularly distressing for FCOC when they were when unable to say goodbye, when there was limited contact after the placement ended, and when FCOC were concerned for the foster child's safety (Kaplan, 1988; Reed, 1994; 1996; Targowska et al. 2015).

FCOC sometimes blamed themselves for placement breakdown and had numerous unanswered questions, whereas others felt relief when the difficult placements ended (Spears & Cross, 2003; Sutton & Stack, 2013; Targowska et al. 2015). FCOC participants in Richardson's (2007) study felt frustrated when the foster children would come and go but

also disliked if they stayed too long when the child was difficult, feeling relief when they had their own space to themselves again.

The foster family are expected to build a relationship with the foster child, despite the knowledge that such a relationship is likely to end and the uncertainty of when that will be (Wilkes, 1974). Many FCOC coped with the impermanency of care by not remembering or learning details about the foster children so that it was easier to forget them and move on. Some felt it was a 'catch 22' where forming a bond with foster children made it more painful when they left, but distancing themselves made them feel guilt over treating them differently (Richardson, 2007).

For many FCOC placement cessation and the loss of the foster child were the most upsetting aspect of fostering, that promoted feelings of both sorrow and relief (Kaplan, 1988; Diepstra, 2007; Younes & Harp, 2007; Sutton & Stack, 2013; Noble-Carr et al. 2014). Some FCOC reported lack of closure and the feeling of losing a family member like a bereavement (Younes & Harp, 2007; Spears & Cross, 2003). Nel's (2014) study found that, depending on their relationship with the foster child and their understanding of why the placement was ending, FCOC felt sad when someone they cared about left for another placement but happy if they knew they were returning home and the environment would be positive (Nel, 2014).

During placements, the transient nature of care made it difficult for some FCOC to navigate the feelings that the foster child was part of their family but the reality that they did not entirely belong (Richardson, 2007). FCOC reported that it would be most beneficial with more permanent placements if foster children were perceived by society and foster agencies as members of their family rather than being labelled as 'foster' siblings when they considered them to be additional siblings (Roche & Noble-Carr, 2017) Permanency in care was a concept that many FCOC supported (Diepstra, 2007; Nel, 2014). However, for placements that do end a rest period in between foster placements where families can

consolidate their identities and relationships was found to be an integral aspect of successful transition for families in Sutton and Stack's (13) study.

Support. FCOC often found they could seek support from their parents, siblings, other FCOC, extended family members and even the foster children, in which to confide their worries and feelings (Spears & Cross, 2003; Sutton & Stack, 2013; Youmes & Harp, 2007). However, Some FCOC would have appreciated more support outside the family from social workers or agencies particularly when the family was under stress (Spears & Cross, 2003). Roche and Noble-Carr (2017) discovered that FCOC felt they needed to be considered and included when support such as training, providing information, and discussions about how they are coping are provided to foster families, which is consistent with previous research (Poland & Groze, 1993). They mentioned that such support should not focus on the negatives of fostering but instead provide them with the tools to cope and that this would be most beneficial if provided through the parents rather than directly through agencies (Noble-Carr et al. 2014; Roche & Noble-Carr, 2017). Providing respite and group activities as opportunities to meet other FCOC were also highly requested by FCOC (Noble-Carr et al. 2014; Roche & Noble-Carr, 2017).

Benefits of Care. All families in Younes and Harps' (2007) study, even one that terminated placement, had carers and FCOC viewing the experience as positive. Learning to become more responsible and developing relationship skills were some of the attributes FCOC acquired through fostering and the positives outweighed the negatives for these participants as they reported enjoying helping others and becoming more understanding and accepting of others (Nel, 2014).

Personal Growth for FCOC. The complex nature of fostering requires a high level of emotional maturity, empathy and adaptability. Therefore, it is understandable that the most common benefit of fostering reported by both FCOC and carers is personal growth for FCOC

(Pugh, 1996; Spears & Cross, 2003; Richardson, 2007; Younes & Harp, 2007; Sutton & Stack, 2013; Noble-Carr et al. 2014; Targowska et al. 2015).

Carers reported their children became more inquisitive, outgoing, caring, loving, willing to help, responsible and set a good example (Younes & Harp, 2007). FCOC reported that fostering made them more caring and compassionate, more self-aware, improved their attitude, improved their listening skills, enabled them to feel more comfortable around others and improved their relationships (Spears & Cross, 2003; Richardson, 2007; Younes & Harp, 2007). This increased sociability and other skills were for some families a double-edged sword as it typically indicated greater withdrawal at home, however these skills also broadened FCOC worldview and made them more prepared for adult life (Younes & Harp, 2007; Noble-Carr et al. 2014).

Altruism. When asked about the benefits of care, many FCOC offer an altruistic response such as appreciating their own lot in life, enjoying ‘helping others’, setting a good example, and being more responsible (Part, 1993; Pugh, 1996; Watson & Jones 2002; Richardson, 2007; Younes & Harp, 2007; Nuske, 2010). For many, fostering made them feel that they became more caring and compassionate (Richardson, 2007; Younes & Harp, 2007).

Relationship with the Foster Child. In Nel’s (2014) study, FCOC reported that having a foster child in the house meant there was always something to do and someone to spend time with (Nel, 2014). When asked what it was like for them to have a foster child in the home the comments were predominantly positive (Nel, 2014). Having another child to play with, creating new friendships and having a companion to play sports with was a highlight of fostering for many FCOC, as was being able to play with the toddlers (Reed, 1996; Pugh, 1996; Watson & Jones, 2002; Diepstra, 2007; Noble-Carr et al. 2014). Many FCOC felt that the foster child became a close friend or sibling to them (Nel, 2014; Noble-Carr et al. 2014).

Tangible Benefits. For some of the FCOC the benefits of fostering were more tangible as they could enjoy more family outings and special occasions, better presents and pocket money in order to keep things fair in the home (Spears & Cross, 2003; Sutton & Stack, 2013; Noble-Carr et al. 2014; Targowska et al. 2015).

Challenges of Care. Fostering, with the influence of the state and addition of a new family member that has complex characteristics, comes with challenges. In Watson and Jones' (2002) study, two out of 116 respondents said there was nothing positive about their experience of fostering. Whereas Sutton and Stack (2013) found that there were few challenges presented for FCOC and those that arose were easily resolved through open and honest communication with their parents. Sutton and Stack (2013) suggest that positive feelings in the face of challenges occurred when FCOC felt that they were valued members of the therapeutic team for the foster child. Nevertheless, whether the overall experience was viewed positively or negatively, there were certain challenges that were common across studies.

FCOC Concerns for Parents. The most substantial challenge of care for many FCOC was having to cope with the way in which foster children treated carers, as their abusive and inappropriate behaviour caused stress for carers (Part, 1993; Watson & Jones, 2002; Spears & Cross, 2003; Younes & Harp, 2007; Nuske, 2010; Sutton & Stack, 2013; Barter & Lutman, 2015). FCOC reported feeling angry and resentful towards the foster child for the verbal and physical abuse they subjected carers to, and the conflict that often arose between carers as a result (Nuske, 2010; Sutton & Stack, 2013). FCOC often showed a need to protect their parents, particularly mothers, when the foster child would escalate (Sutton & Stack, 2013; Barter & Lutman, 2015). They also tended to be more concerned about their parent's wellbeing than their own and would worry their parents were not receiving enough respite or support (Sutton & Stack, 2013; Noble-Carr et al. 2014).

Lack of Privacy. FCOC said that sharing their space and belongings with foster children was like sharing with their siblings (Noble-Carr et al. 2014). The reason why such sharing was difficult for FCOC was that when foster children would destroy or take their belongings the FCOC was expected to manage their own feelings more maturely than would be expected of typical siblings (Martin, 1993; Noble-Carr et al. 2014). As such, having to share rooms, family time and possessions, combined with a lack of personal boundaries placed strain on FCOC (Part, 1993; Poland & Groze, 1993; Noble-Carr et al. 2014).

Exposure to Violence and Trauma. Foster children's disclosures of their experience of trauma left FCOC feeling unsettled and confused about parent-child relationships (Martin, 1993; Hojer, 2007; Targowska et al. 2015). Exposure to issues such as sexual abuse and witnessing alcohol and drug addiction can be difficult for FCOC who would otherwise have lived sheltered from such pain and suffering (Spears & Cross, 2003). Other FCOC were bullied or assaulted by the foster children and were exposed to their abusive behaviour, for example a foster child had held a knife to the throat of one FCOC in Watson & Jone's (2002) study. Such exposures led to a loss of innocence for some FCOC (Martin, 1993). Lack of information provided by social workers in this case could be potentially dangerous as FCOC or other children involved with the family would unknowingly be vulnerable when placed with a foster child who has a history of violent outbursts or sexualized behaviour (Barter & Lutman, 2015). Contact visits with foster children's biological families are often uncomfortable for FCOC as they do not know how to interact, but in cases where foster children had been maltreated FCOC found the contact visits intolerable as they knew what the foster children had suffered (Hojer, 2007).

Managing Difficult Behaviours. One of the biggest challenges reported by many FCOC was managing difficult and annoying behaviours such as lying, theft, foul language, aggression and violent outbursts (Martin, 1993; Part, 1993; Heidburrt, 1995; Watson &

Jones, 2002; Nel, 2014; Targowska et al. 2015). One participant in Martin's (1993) focus group commented that the worst behaviour is a lack of behaviour, as she found it disturbing and frustrating for her parents when the foster child refused to respond to anything.

Managing these behaviours required more parental attention and could cause stress and conflict within the home (Heidburrt, 1995; Roche & Noble-Carr, 2017). Difficult behaviours influenced FCOC's opinions of the child and could lead to placement breakdown, as actions such as theft were seen as a betrayal of trust for many FCOC (Part, 1993; Watson & Jones 2002; Spears & Cross, 2003; Sinclair, Wilson & Gibbs, 2005; Nel, 2014). Many FCOC showed an understanding of why foster children exhibited such behaviour, nevertheless some behaviour was so hurtful that it impacted the FCOC's ability to bond with the foster child (Hojer, 2007).

Negative Behaviours for FCOC. Several foster carer reports suggest that fostering led their children to become quieter, withdrawn, jealous, angry, short tempered and stubborn, often mimicking the behaviours that foster children brought into the home (Pugh, 1996; Younes & Harp, 2007; Noble-Carr et al. 2014; Thompson et al. 2014). Some FCOC also reported that they felt they became more selfish, attention seeking, more easily annoyed and possessive of their parents (Younes & Harp, 2007). Some FCOC commented that it was a struggle to continue having a caring attitude towards the foster children given all the challenges that they presented (Nuske, 2010). Pugh (1996) conveyed that often FCOC (particularly younger children) would feel insecure when a foster child came into the home, believing that they may too be sent away from their parents if they were 'naughty'.

Effects on Foster Family's Personal Lives. The family's contribution to care was not always perceived positively by friends and peers. Some FCOC lost friends to the belief that their parents only fostered for the money, whereas others could not have friends visit their home due to the behaviour of the foster children (Spears & Cross, 2003). Some peers did

understand fostering and were supportive, but nevertheless fostering could be awkward at times (Reed, 1994). There was a lack of privacy and violation of personal boundaries when living with foster children, as they would wake FCOC up early in the morning or in the middle of the night, or go into their rooms without asking (Noble-Carr, 2014; Targowska et al. 2015). For the sake of confidentiality FCOC had to create cover stories for why the foster children were a part of their lives to explain to their friends (Martin, 1993). FCOC expressed the desire for their experience to be a 'normalised' concept in society where they would not be labelled negatively or have foster children stigmatised by peers, neighbours and extended family (Noble-Carr et al. 2014). Many FCOC in Noble-Carr and colleagues' (2014) study, particularly older FCOC, said that their peers and teachers were unaware that their families fostered as they felt uncomfortable disclosing that for fear of judgement.

Coping Methods. Twigg (1995) found that in order to cope with foster care FCOC developed three coping mechanisms. The first coping mechanism was perceiving the foster child as being in need; often this presented as their anger at the fostering situation being repressed or translated as a desire to help and seek the good in the foster child as this was a more socially acceptable reaction (Twigg, 1995). The second was utilizing isolation, withdrawing from the family and escaping into their own space or social sphere (Twigg, 1995). The final coping mechanism in Twigg's (1995) study was objectifying the foster child through not referring to them by name but instead calling them animals or criminals. Though this may seem severe, it was likely due to the number of foster children going through the homes in a short amount of time and likely served as a protective boundary from developing a close relationship with difficult children who were only passing through (Twigg, 1995). Some FCOC would cope with the challenges of fostering by confiding in family members, whereas others would resort to looking inward and isolating themselves (Younes & Harp, 2007).

Isolation or Withdrawal. The emotional distress of fostering and feeling guilty about this distress caused many FCOC to physically and emotionally withdraw from the family, making themselves numb (Nuske, 2010). They also saw the foster children as having more severe problems than themselves, therefore to avoid the pain of their issues going unheard, many would simply withdraw and keep things to themselves (Nuske, 2010). 93% of carers reported that FCOC spent more time away from home due to foster care and were concerned that this meant they felt left out from their own family (Poland & Groze, 1993). FCOC would often cope with the challenges of fostering by sneaking away to be alone (Younes & Harp, 2007).

Silence. Most FCOC believed they could communicate openly with their parents but some did not and others withheld their feelings about fostering to protect their parents (Diepstra, 2007). Younger FCOC were more likely to express their negative feelings about foster children but older FCOC tended to suppress negative emotions (Kaplan, 1988). FCOC felt unable to talk to their parents about their sense of loss at having a foster child in the home and unable to ask for help as the parents were so busy with the foster child (Nuske, 2010). FCOC need to have the opportunity to express their feelings and without fear of parental censure (Ellis, 1972).

Early Maturation. All participants in Pugh's (1996) study commented that a loss of innocence for FCOC was a side effect of exposure to violence, sexuality and other adult content that they would normally be shielded from by their parents but that enters the home with a foster child. This loss of innocence can lead to emotional maturation and self-awareness (Pugh, 1996; Martin 1993). FCOC tended to avoid confrontation in case they made the situation at hand worse and would often deal with conflict by retreating and handling difficult feelings themselves (Richardson, 2007).

FCOC developed cognitive flexibility where they could understand the complexity and reasons behind the foster child's presentation, and socio-emotional maturity that resulted in empathy for the foster child and a sense of altruism (Targowska et al. 2015). This enabled some FCOC to empathise with foster children and explain their maladaptive behaviour in a way that removed blame that often showed an emotional maturity beyond expected development (Pugh, 1996; Spears & Cross, 2003; Sutton & Stack, 2013; Noble-Carr et al. 2014).

Age Differences. A common consensus across the research is that it is easier for foster families when the foster child is younger than the FCOC (Martin, 1993; Reed, 1994; Heidburrt, 1995; Diepstra, 2007; Thompson et al. 2014; Nel, 2014). This is thought to be because it allows FCOC to have their own lives separate from fostering, and because older FCOC tend to take on a protective and responsible role with foster children which promotes them to view the experience positively (Martin, 1993; Heidburrt, 1995; Pugh, 1996; Spears & Cross, 2003; Sutton & Stack, 2013). Older FCOC were also more likely to empathise with foster children and internalize any guilt, whereas younger FCOC were more likely to experience conflict and competition in the home and express negative feelings than older FCOC (Kaplan, 1988; Nel, 2014; Barter & Lutman, 2015). Older FCOC have had more time to develop and therefore tend to have more empathy and a realistic understanding of the fostering situation (Kaplan, 1988).

Some studies suggest that when FCOC and foster children are the same age this makes it easier, however this tended to be the case when the FCOC were younger and wanted a companion (Younes & Harp, 2007; Sutton & Stack, 2013). Heidburrt's (1995) findings suggested that this desire for a same-aged companion changed as they became teenagers. This is consistent with Ellis' (1972) conclusion that FCOC aged 7-13 have the most difficulty

adjusting to group home environment - an age that coincides with the transition into puberty and the difficult changes that naturally take place during this time.

Gender Differences. In Twigg's (1995) study the majority of the male participants made an effort to distance themselves from the foster children and care experience, whereas female FCOC were more willing to develop a closer relationship with the foster child. This is consistent with Heidburrt's (1995) conclusion that females wanted younger foster children so that they could take on a nurturing role, whereas males did not mind and found it fun to play with someone their own age. The female caretaker role was also noted in Reed's (1994) research.

Twigg (1995) found that fostering was more difficult when the FCOC and foster children were of the same gender. However this finding may be due to there being more male FCOC and foster children in the study and the tendency for male foster children to exhibit more externalising behaviours than female, and male FCOC's tendency to distance themselves from the experience and cope by utilising isolation; a coping mechanism they tended to use more often than females.

Fostering in the Future. Across the literature there are mixed responses as to whether the FCOC would choose to foster as adults. Three FCOC in Nel's (2014) study said they wouldn't want to as they couldn't provide that level of care. Two said that they might but that the foster children would need to be younger and probably not if they had their own children (Nel, 2014). Similarly, less than one third of participants in Watson and Jones' (2002) study said they would be willing to foster themselves as adults, with the majority saying they would not do so due to the criticism of social workers, whereas in Poland and Groze's (1993) study the participants had mixed feelings. Spears and Cross (2003) discovered that most FCOC they interviewed said they might become foster carers themselves, though many said they would wait until their own children were older. Those

who did not wish to foster said this was due to wanting a different career path, or feeling they were not patient enough, or that they did not want to go through the stress their parents experienced (Spears & Cross, 2003). However, none of the FCOC regretted their experience of fostering (Spears & Cross, 2003).

Recommendations for Those Wanting to Foster. Caregiver responses showed that 54% felt that fostering positively affected their children, and 40% reported there were both positive and negative experiences (Poland & Groze, 1993). FCOC recommended for families thinking of fostering that they need to utilise open communication and ensure that there is a balance between caring for the foster child and having time to themselves and as a family (Ellis, 1972; Spears & Cross, 2003; Nel, 2014). They also recommended that FCOC ask for help when needed and try to be patient, calm and observant regarding the foster child, avoiding conflict where possible (Spears & Cross, 2003; Nel, 2014). FCOC advice to carers is to use stricter boundaries with foster children, support their own children and to not force FCOC to be friends with foster children (Hojer et al. 2013).

Limitations and Gaps in the Research.

The limitations of each study were previously covered, but overall the studies are small and only cover emergent themes on the experience of FCOC. The demographic data is insufficient and there are no studies yet available addressing the outcomes of fostering for FCOC. In the research, there were discrepancies between individual responses within the sample and what each study focussed on with their questioning, however there were no stark inconsistencies or conflicting findings across the literature review that could not be accounted for due to age or gender differences mentioned previously.

Solutions such as utilizing support groups for FCOC, providing training for them, or providing training for carers and social workers on how to approach fostering with FCOC have been suggested but none have been adequately developed or tested.

Small studies combine to provide valuable information about the broader topic and enhance their relevance to practice, however these studies need to be built upon to adequately address the needs and rights of FCOC. Larger scaled studies using representative populations and building a deeper understanding of the known themes and longitudinal studies that track the experiences and outcomes for FCOC would be beneficial ways of extending the research and filling the gaps in our current knowledge.

Rationale for the Current Study

Child maltreatment is a malignant issue within our society that has the potential to create long-term negative consequences (Sinclair, Baker, Wilson & Gibbs, 2005). Foster care serves as a therapeutic construct that provides a corrective experience for maltreated children and the opportunity to live in a safe and nurturing family environment (Serbinski & Shlonsky, 2014). What is often overlooked is the fact that this construct of care affects not only the children it is designed for, but also everyone who takes part in it. However, despite their role in the therapeutic process, FCOC are often considered only as a side note in research on foster carers, and policy mostly considers them in the context of completing police checks or maintaining confidentiality (Child, Youth and Family, n.d.a; Serbinski & Shlonsky, 2014). Researchers tend to prioritise foster carers experiences over that of their children despite evidence suggesting that children who foster have similar experiences and emotions in regard to care (Swan, 2002).

There has been increasingly more research conducted in the last forty years regarding FCOC, however our understanding is still predominantly superficial without a deeper

understanding of how foster care impacts their lives. Recommendations made by those who have studied this experience are still yet to be fully implemented within policy (Serbinski & Shlonsky, 2014; Twigg & Swan, 2007). The lack of comprehensive research is unacceptable considering that FCOC can influence the success of placements, are contributing members of the fostering process, and are themselves children with rights and a need for a nurturing upbringing (Sinclair, Baker, Wilson, & Gibbs, 2005).

This study aims to give voice to the stories of FCOC in Canterbury, New Zealand to ensure that their experience is valued and better understood. Due to the bicultural heritage and subtle differences in policy and culture it is important to conduct further research specific to New Zealand to ensure that we understand the unique experience of kiwi FCOC. Such understanding may lead to better support and policy for FCOC which may further positively influence the fostering experience due to their role in the home.

Chapter Three: Methodology and Method

Researcher Perspective

Within this thesis it is important to acknowledge the researcher's perspective, as it has been instrumental in shaping the method, analysis and objectives of the study. The concept for this study originated during a discussion on care and protection, as it has always been an area of interest for me. I wished to understand what the role of foster parent's own children (FCOC) is within the foster care system and what the effects are typically like for them, only to discover there was no straightforward answer and very limited research. This developed into a search to understand how FCOC view their experience of having a foster child enter their home, with a particular focus on the local New Zealand context.

My academic background is in sociology as well as child and family psychology, predominantly working within an ecological framework. Due to this, I utilised a social constructivist perspective due to my beliefs that context is important in understanding the individual and their experience. This perspective has driven the focus of the research and the choice of methodology.

Research Question

The research question is “*How do foster carers’ own children narrate their experience of foster care?*”. This question reflects my research perspective and the aim to understand how foster carer’s own children (FCOC) are affected by having foster children in their family home. The study originally set out to use qualitative semi-structured interviews with children ages 8-18 as this was thought to be the best way of answering the research question. Ethical approval was obtained however, due to difficulty recruiting participants, a second study design was developed using retrospective interviews with young adults (18-25). Due to this the Human Ethics Committee was contacted on two separate occasions, once in regards to the original study and again for the changes made that have resulted in the study conducted (See Appendices G and JJ).

First and Second Study Designs

Originally this study was designed to interview FCOC between the ages of 8-18 as their experiences would be fresh and add insight as to how they feel at the time. However, this participant group was difficult to recruit. After nine months of rigorous attempts to recruit only one interview had been conducted, yet many carers had expressed an interest from their young adult children to interview. The second study design was thusly developed to interview young adult FCOC (ages 18-25) about their experiences. This second study

design will be covered in this chapter; however, the original study design can be found in the appendices (Appendix AA).

Selecting a Qualitative Methodology

There were five predominant qualitative approaches considered for this research: Narrative analysis, Phenomenology, Grounded Theory, Ethnography and Case studies (Cresswell, 2013; Lichtman, 2013). It is important to note that within each of these broad approaches are different ways of conducting research, and between them is the potential for some crossover (Cresswell, 2013; Riessman, 2008; Smith, Flowers & Larkin, 2009).

Ethnography focuses upon systematic descriptions of culture-sharing group dynamics, for example, customs and characteristics (Cresswell, 2013; Lichtman, 2013). However, due to ethnography requiring direct observation and extensive immersion in the group of focus' natural setting, such methods are ill suited to understanding foster carers' own children (Lichtman, 2013). Due to the sensitive nature of foster care, ethical approval and consent would be difficult to achieve for such a study, particularly at a Master's thesis level.

Grounded theory, too, is inappropriate as there is not enough previous research or availability of a large enough group of participants in order to develop a theory of foster carers' own children (Cresswell, 2013). A key concept within grounded theory and its subsequent analysis method is theoretical saturation. Theoretical saturation requires a continuation of data collection until the theory being developed becomes 'saturated', which is not a plausible method of research at this stage given the lack of literature on FCOC (Lichtman, 2013).

Lichtman (2013) notes that a case study is one qualitative approach that does not require an underlying philosophy but instead studies a single entity. Case studies typically focus on a specific event or intervention, using many methods of obtaining data (Cresswell,

2013). In this regard, such a method would be difficult to use, given the sensitive nature of the topic, and lack of intervention being assessed.

Narrative analysis is a ‘case-centered’ approach, focusing on individuals or groups in detail to create context-dependent understandings necessary when working in the humanities field (Riessman, 2008). Case studies, from this perspective, grant the ability to examine everyday situations through a participant’s narrative and provide a depth of understanding of that person or group’s experience. Case studies are often utilized within the final two approaches considered most appropriate for this research: Phenomenology and Narrative analysis.

Narrative vs. Interpretative Phenomenological Analysis. The most important motivation for choosing one methodology over another is the method’s consistency with my epistemological viewpoint and its ability to best answer the research question (Larkin, 2015; Murray, 2015). Though pluralistic analyses (where the two approaches are combined) are possible, this requires a solid grounding in the understanding of both perspectives as well as where the tensions lie between them (Frost, 2011). Such methods are not recommended for novice researchers and are more time consuming than choosing only one methodology. This means that despite there being many aspects of narrative and interpretative phenomenological analysis (IPA) that are similar, only one should be utilized in pursuing the research at hand (Smith, Flowers & Larkin, 2009).

Phenomenology seeks to understand the phenomena as the essence of the experience in that person’s ‘life world’ rather than attempting to provide an explanation for those experiences. IPA provides rich and full descriptions and interpretations that aim to describe exactly what it means to be a person in that ‘life world’ rather than breaking down that experience further (Smith, Flowers & Larkin, 2009). This operates under the expectation that it is possible to obtain an objective truth of that person’s experience, which is inconsistent

with the current researcher's epistemological point of view. Therefore, utilising such a method would be inconsistent in its analysis and the validity of the research would be threatened (Yardley, 2015).

Where IPA attempts to identify, isolate and formalize details to produce an analysis of the experience at hand, narrative analysis instead places the emphasis on the story: 'what', 'how' and 'why' something is being narrated. As mentioned previously, IPA does not further our understanding of the socio-political or historical factors that may influence this experience, nor address why there may be differences between participant's representations (Willig, 2013). Due to the public sphere of care's interference in the private sphere of foster family life, it would be remiss to not address the socio-political factors within this study (Nutt, 2006). Whereas narrative analysis can review how experience is weaved into the narrative, prioritising how people make sense of their experiences (Squire, 2013). This is not only consistent with the research aims but will also potentially improve the validity of the research by prioritising a sensitivity to context. Additionally, it was previously discussed within the limitations of IPA that such an approach does not necessarily address why there may be differences in participants' representations if they come from a similar upbringing. Narrative analysis emphasizes socio-cultural elements within subcultures and groups where IPA does not, and therefore can add a depth of understanding that through other analytical means may have been glossed over.

Addressing that the focus on experience was one of the key elements of IPA that would have benefitted this study, it is possible to use what Squire (2013) refers to as an 'experience-centred' approach to narrative. 'Experience-centred' approaches operate under the assumption that narratives 're-present' experience; experience is expressed through a narrative but there is always some form of reconstruction from the original 'truth' of the experience. Experience can never be fully or truthfully replicated as words "never 'mean' the

same thing twice, and stories are performed differently in different social contexts (Squire, 2013, p51).” Narratives are jointly told between the interviewee, interviewer, writer and reader; the interpersonal as well as social and cultural context shape the story, creating a unique narrative that will likely never exist in the exact same way again (Squire, 2013). Many experience-centred analysts request their participants to write their own comments and feedback on the interview transcripts which adds to the validity of their analyses whilst also aiming to address some of the power positioning in the narrative (Squire, 2013). Experience-centred research is also like narrative performance analysis as it focuses on pauses, contradictions and gaps in what the participants said to better understand the sociocultural context of the interview (Squire, 2013).

Due to the aims of the research being to understand not only what the experience of foster carers’ own children is but why they may story their experience in that way, IPA is not sufficient for the current study. My aim was to answer the research question in a way that enables the consideration of the wider context in which the foster carers’ own children live to make sense of their experience. Therefore, to remain consistent with the aims of the research and also the social-constructivist viewpoint, the most suitable methodology for this study is narrative analysis. Within this methodology, the most appropriate analysis to utilise would be an experience-centred, performance narrative analysis.

Qualitative Methodology: Narrative Analysis

Social Constructivism. To understand narrative analysis, it is necessary to understand its theoretical underpinnings of social constructivism. According to Sullivan (2009), social constructivism is a theory that stresses the concept that humans produce society, culture and knowledge through collective or individual action. Social constructivism posits that experiences do not belong to the individual, but are instead negotiated through

interactions with other people and social structures, for example the foster care system. Therefore, this perspective requires researchers to recognize the role their own background and beliefs play, not only in their analysis, but also in the engagement that occurs between interviewer and interviewee (Creswell, 2013). Through a constructivist lens, participants and investigators create data together through their interaction and the investigator's later analysis (Bernard, Wutich & Ryan, 2010).

Narrative Approach. Most narrative researchers believe that analyses of a story's content, structure and social context can create a detailed and deeper understanding of the topic at hand (Tamboukou, Andrews & Squire, 2013). Narrative analysis is a qualitative approach that takes a social constructivist leaning and has a history of being used within the psychological, sociological and educational fields. Practitioners within these fields acknowledge that stories are useful as they are an element of being human; serving to acknowledge our histories, identities, culture and positioning within a social world. Storytelling is a strategic and purposeful action that one social being performs to communicate with an imagined or real social 'other' (Riessman, 2008; Squire, 2013; Murray, 2015).

Narratives constitute experience whilst providing a process for understanding the past (Murray, 2015; Riessman, 2008). The concept of narrative identity occurs within the changing social and personal contexts, with the significance and timbre of the events being remembered influencing the way in which the story is told and what is role is of that narrative within the scheme of that persons' overall life story (Murray, 2015). Therefore, for FCOC the way in which they identify themselves and narrate their experience of care may be shaped by their interaction with those in the system of care and may change over the course of their lifetime depending on later experiences.

The key difference between Narrative analysis and other similar forms of qualitative research, such as Interpretative Phenomenological Analysis (IPA) is that it often looks at the intention of what is being said and the language used to do such, rather than just the content. That is, it looks at *how* the experience is explained and to what purpose it is presented in such a way, taking into account the context surrounding the person at the time of the event or experience, as well as the context during the data collection e.g. interaction with the interviewer (Riessman, 2008). Once again through this the social constructivist lens is shaping the interpretation of the research, as the broader socio-cultural context of the time, relationship between the narrator and interviewer, and the content of the story are all seen as part of the intricate narrative (Murray, 2015). Murray (2015) suggests that this approach sees a psychological/sociological divide become a “psychosocial” approach.

Narrative is case centred but it also generates categories or general concepts within and across subjects, for example some FCOC may experience loss when the foster child leaves their home, whereas others may have the foster child stay long term with their family. Even then, experiences of such loss may be completely different between cases, but regardless within narrative analysis each person’s narrative is worth consideration as their lives are impacted in some way or another by fostering. Riessman (2008) commented that “A good narrative analysis prompts the reader to think beyond the surface of a text and there is a move towards a broader commentary” (p13).

This type of research views interviews as conversations with everyday conversational rules, such as turn taking. It often looks at why the story was told in a particular way and how it was intended to affect the reader; what is spoken and what remains unsaid (Riessman, 2008). There are more methods of obtaining data than through individual interviews. Focus group discussions between participants, personal journals, photographs and videos are all

sources of narrative that can provide us with information about the individuals 'story' (Riessman, 2008; Murray, 2015).

As narrative analysis has been utilized within different fields there are many ways in which it can be justified and interpreted. Therefore, it is important in conducting narrative research to find philosophies that tie in with my own views and aims. Riessman (2000; 2003; 2008; Squire, 2013) is a contributing voice within the narrative field whose perspective aims to help novice researchers and whose theoretical beliefs align with my views. Therefore her work is predominantly cited within the following descriptions of narrative methods.

Thematic Analysis. Thematic narrative analysis focuses primarily on the content of what the participants are saying and data is arranged according to themes that the investigator develops, which are influenced by theory and the purpose of the study (Riessman, 2008). This analysis addresses the question of 'what' is being said; only rarely noting the use of language or interaction with the interviewer. Unlike grounded theory, thematic narrative analysis utilizes pre-existing theories and aims to keep the data detailed and (unlike IPA) in the narrator's sequence (Riessman, 2008). This gives power to the participants' stories rather than the researcher having complete say in how the narrative is presented, which is a strength of utilising such an approach with FCOC as their stories are often left unheard and they are typically less powerful in the scheme of the care system.

Structural Analysis. This form of narrative analysis takes a step further from thematic analysis' primary focus on content, and asks how the narrative is put forth to achieve the narrator's desired effect (Riessman, 2008). In other words, structural analysis focuses on structure; how the story is being told rather than what the narrator is telling the investigator. Though a narrative typically has a beginning, middle and end, well-practiced researchers can understand complex stories without this layout through structural analysis (Murray, 2015; Riessman, 2008). Essentially it is up to the investigator to define the

parameters of what they mean by ‘structure’ within their analysis. Two such structural approaches often utilized are Labov and Waletzky’s attention to the function of clauses (Labov & Waletzky, 1982; Riessman, 2008), and Gee’s attention to units of disclosure (Gee, 1991; Riessman, 2008).

By looking at the composition or structure of a narrative the investigator can delve into how similar narratives can make very different points, even when discussing seemingly identical reasons for what influenced an event. This is often paired with thematic analysis where the former creates broad patterns in the narratives, and structural analysis is used to highlight subtle discrepancies within them (Riessman, 2008). In fact, when examining multiple narratives, the use of both methods can strengthen the thematic analysis if there are structural patterns across stories. Taking into consideration the intention behind the text, the metaphors and intentional pauses used, creates a deeper level of understanding and analysis of the story at hand. However, too much attention to the detail of structure has the potential of missing out on the greater social context of the story. Therefore, it is crucial that in using structural analysis the intention and focus of the research is clearly stated, otherwise the researcher could inaccurately interpret pauses or other structural elements as indicating the FCOC are trying to censor their narrative, when it could just be that they are not in a particularly talkative mood (Riessman, 2008). If the intention of the research were to prioritize the effect of the narrator’s context, the investigator would find more benefit in utilizing the following analytic approach.

Performance Analysis. Performance (sometimes referred to as dialogic) analysis utilizes some of the attributes of both structural and thematic analysis, whilst adding in its own features. Where thematic analysis asks ‘what’ the narrative is saying, and structural asks ‘how’, performance analysis focuses on ‘who’ the audience is, and ‘why’ it may be presented in such a way due to the context at hand (Riessman, 2008). Performance methods of analysis

acknowledge that narratives are social artefacts and a means of passing on information about a time or event relevant to a culture, group or individual. Utilizing performance analysis means that the researcher may review particular words, the role of other characters in the plot and acknowledge hidden discourses that are taken for granted by the participant (Riessman, 2008).

Erving Goffman was one of the founding theorists on performance analysis, and suggested that people do not tell stories for the purposes of providing information but instead they become social actors that perform their story (Goffman, 1969). Such a performance is often a way of 'saving face' and navigating who we are through projecting versions of ourselves (e.g. 'I am a good person') that we test out and confirm through our interactions with others (Riessman, 2008). Such performances may establish 'key narratives', where a participant constructs themselves as having particular traits or ways of interacting that 'constitute a projection of identity', for example, FCOC may construct a key narrative about their family fostering as a way to give back to the community (Phoenix, 2013 p75). These narratives are told and retold until a concept of identity is created for that individual to be presented whenever it is needed to explain and justify opinions and actions (Phoenix, 2013). It is not uncommon in narrative research for participants to position themselves within the narrative, using these 'key narratives', as praiseworthy and moral or position themselves in a similarly positive light (Phoenix, 2013). This performance is often subconscious and not inauthentic; it is situated within the concept that people are social creatures that are continuously navigating themselves through a world that consists of social interactions.

Narrative performance inquiry acknowledges that interpretation of the story goes beyond the narrator and researcher and is further comprehended by any readers of the analysis. The person receiving the storytelling is just as much a part of its process as the person constructing it (Riessman, 2008). Thus, it is important to note the social positioning of

the narrator in each scene of their story – are they passive, are they an active agent, how do they relate with the other players in that scene (Riessman, 2000)? Performance analysis can see narrators as operating from a position of privilege within their narrative, where they can position themselves, other characters and even the audience in certain lights (Riessman, 2000).

Additionally, the social circumstances of the interview and the relationship between the narrator, investigator and further audience are all important aspects within data analysis as they impact the construction of the narrative. The narrator is being asked to present their story to the interviewer, not knowing whether they come from a sympathetic position or one of judgement (Phoenix, 2013). Though interviewers make disclosures about themselves through conversation and rapport building participants make assumptions about the interviewers based on appearance and initial interaction. These assumptions influence what the interviewee will censor as ‘tellable’ stories and those that will only be received with censure (Phoenix, 2013). Therefore, Murray (2015) suggests that key details about the interviewer, interviewee and their interactions are recorded at the time of the interview and just afterwards in order to ensure contextual details are not forgotten. Reflexivity journals can be vastly beneficial for researchers within narrative analysis for this reason. Riessman (2003) conducted research on performing identities within an illness narrative, and found it relevant to note how she would have appeared in terms of age, gender, education level and experience in contrast with the men that she was interviewing. This is because the constructs of gender and perceptions associated with education disparities can lead to power imbalance or influential preconceptions that effect how the participant tells their narrative. As I am a female in my mid-twenties, studying at a tertiary level this impacts the way in which I may be perceived by participants. If they are older, do they take me seriously as a researcher? If they are younger, do they fear getting an answer ‘wrong’? If they are male do they feel less

comfortable answering personal questions than a woman might? If they have not attended university, will the use of any jargon make them feel condescended to? These are all questions that need to be asked within a narrative performance analysis.

In conducting performance narrative research Riessman (2008) suggests that new narrative researchers transform the interview into a written transcript, formatting it into structural clauses that retain “key features of the oral version needed to interrogate performance features” (p.116). Such features include a shift in tense, quotations of speech, neologisms and expressive sounds (e.g. “mhhh”; Riessman, 2008). Allusions, avoidance of topics and refusals to tell within this form of analysis are given as much credence as the content spoken (Phoenix, 2013).

Performance narratives utilises a ‘small story’ approach and focuses on how narratives are conducted in an interactional context (Phoenix, 2013). Multiple ‘small stories’, or ‘scenes’ as they are referred to by some narrative analysts, can occur within the space of one interview. Small story approaches enable unrepresented narratives to be voiced, and the performance perspective allows for insight into positions that they may feel uncomfortable voicing directly given the cultural consensus of what is acceptable to say (Phoenix, 2013). Each ‘scene’ discussed by the participant typically relates to a specific time-period and ends with some form of conflict resolution. Narrators can position themselves as active agents choosing to take on a role or action within the foster family or as victims without any say in family life due to the bureaucracy of foster care, changing the perspective based on which ‘small story’ is being told. Where this analysis moves past the structural format is through the specific attention paid to context, both that of the previous thematic analysis and the broader political, economic and historical issues at the time (Riessman, 2008).

In analysing performative data, Murray (2015) recommends having two phases of analysis after first reading the transcriptions thoroughly. During this initial reading, it is

helpful to create a summary of the beginning, middle and end of each narrative to highlight key themes and connections. The first 'descriptive' phase stems from this where a close reading of the text develops a coding framework. Where possible the transcript should include pauses, utterances used as encouragers or space-fillers (e.g. "mhmm" and "uh"), sighs, and it should highlight emphases made by the narrator and interviewer to convey the tenor of the conversation (Murray, 2015). The second 'interpretative' phrase connects the narratives at hand with previous literature and relevant theory. However, in regards to this phase the analyst must be aware of how theoretical assumptions guide interpretation whilst concurrently striving to be open to novel ideas. Narrative analysis requires more than simply describing the account, as the researcher must play with the narrative to tease out the deeper meaning, performance and social construction (Murray, 2015).

Limitations of Narrative Analysis. One key difficulty in using narrative analysis is that, unlike other methods such as interpretative phenomenological analysis (IPA) there are no clear instructions or set of techniques for the analytical process, and it often does not come naturally to first-time researchers (Riessman, 2008; Tamboukou, Andrews & Squire, 2013). However, narrative can offer a greater depth of information through the dialogic relationship, and its ability to delve beyond the content into the structure and purpose of the narrative. This depth of analysis is achievable if the researcher is willing to investigate different perspectives of narrative to familiarise themselves with an approach and relevant analytical techniques that suits their point of view and research aims (Riessman, 2008).

Much like other qualitative methodologies, narrative analysis is criticized that its findings are not generalizable at a population level. In defence of this, narrative theorists such as Riessman (2008) argue that narrative research focuses on the generalization of theoretical suggestions derived from case-centred research. By aiming to develop an in-depth understanding of the individual's story, narrative analysis can add a perspective to the

relevant field that provides a foundation for practice and further quantitative studies. The information derived from narrative analysis is still generalizable, just on a theoretical level rather than as a population statistic.

Cresswell (2013) comments that quantitative researchers may argue using qualitative personal narratives is less valid than other data sources as retrospective memory is subject to influence and change from the original 'objective' truth of an event or series of events (Potts, Belden & Reese, 2008). However, a study conducted by Potts, Belden and Reese (2008) suggested that young adult memory of childhood television programs was promisingly accurate, indicating that greater exposure to a program or storyline was reflective of better memory accuracy. Regardless, within qualitative research the meaning that narrators make of their stories is just as valuable as the event itself. As Riessman (2000) states: "Personal narratives are, at core, meaning-making units of discourse. They are of interest precisely because narrators interpret the past in stories, rather than reproduce the past as it was" (p.20). Squire (2013) further suggests that we view narratives of experience as a process of social practice and engagement rather than a guarantee of truth. Nevertheless, taking this view does have its limitations. It is always important to acknowledge as narrative researchers that we are limited in understanding stories as, though they are a form of 'everyday meaning making', they are socially and culturally constructed (Squire, 2013). Therefore, such meanings are not accessible across all cultures, social or historical contexts.

Lastly, some argue that certain narrative approaches can be restrictive or over-interpret the materials (Squire, 2013; Tamboukou, Andrews & Squire, 2013). One way to guard against this is to read the transcripts through carefully, multiple times and from different perspectives, and to ensure that the eventual interpretation is possible to explain and justify to the participants (Squire, 2013). Ideally narrative interviews should involve repeated conversations, where possible, within the setting of interest to promote storytelling. By

addressing content, structure and context together and outlining clearly the focus of the research this limitation may be minimized (Riessman, 2008; Squire, 2013). However, regardless of taking extreme care, narrative researchers must be aware that it is impossible to be fully reflexive. Therefore, researchers aiming to use narrative analysis should be aware that there may be elements of interpretation that are wrong in the eyes of the participants or audiences (Squire, 2013).

Validity and Trustworthiness in Narrative Analysis. Within narrative analysis there are two levels of validity that may be discussed, that of the narrator's story and that of the researcher's interpretation (Riessman, 2008). Realists argue that it is important to triangulate information from different sources to establish a 'truth' to the narrative. However, as discussed in the above limitations section, within a social constructivist perspective this triangulation is not deemed important. Confirming the 'truth' or facts of the situation is less important than understanding the meaning behind the narrative for that individual or group (Riessman, 2008). Therefore, from this perspective, the validity of the narrator's 'truth' is not nearly as relevant as ensuring that there is a transparency to the researcher's methods.

Transparency is an important source of validity within narrative research and is achieved by ensuring that the links made from the narrators' accounts to theoretical formulation are clear for the reader (Yardley, 2015). This is best achieved by utilising direct quotes from the participants and ensuring there is a clear evidence trail where sources are cited and data is compared (Riessman, 2008). This validity is further strengthened if the analysis utilises examples from the data in conjunction with the previous theories in a meaningful way (Riessman, 2008). Reflexivity is another way to show transparency, through discussing the researcher's thoughts and decision making from developing research aims to analysis (Yardley, 2015).

Utilising convergence and divergence within the data analysis supports trustworthiness and validity as it shows that the researcher is unafraid of showing examples that disrupt the underlying hypotheses or prevailing literature (Yardley, 2015). The use of this contrast is particularly beneficial within narrative research as every individual's narrative is relevant, and any divergence from the norm may allow further understanding of the intricate context surrounding the narrative. Rather than being seen as outliers, as they would in quantitative studies, divergent examples in narrative analysis enable us to further understand what may have been socially constrained before.

Commitment and rigour are best achieved within narrative analysis if the researcher highlights their perspective throughout the development of the study, keeping in line with the social-constructivist theoretical underpinnings (Yardley, 2015). The researcher also needs to skilfully apply the analytical method, and commit themselves to developing a rapport with the participants so that they may feel comfortable enough to properly deliver their narrative. In relation to this, validity is supported through the sensitivity to context that narrative theory strives to implement as a key aspect of the analysis, more so than some other qualitative methods.

Current Study Design

Participants. The interest from the older group of FCOC, and their parents' eagerness to have research available to other parents starting the fostering process, motivated the choice of young adult FCOC as participants. Young FCOC, aged eighteen to twenty-five within the Canterbury region, whose parents had fostered during their childhood (eighteen years or younger) became the new demographic for this study. These participants could consent on their own behalf and information was not obtained through any other sources as their maturity suggested they would know the relevant details. The aim of using young adults' perspectives was that their experience would be fresh and given a voice within

research that has historically overlooked them. This group was also thought to be more flexible in their time constraints and availability to meet for interviews.

Though retrospective memory is not an objectively true representation of a previous experience, Potts, Belden, and Reese (2008) have shown that the more exposure to a story, the more accurately it is represented. Therefore, asking young adults to reflect on their experiences of having foster children in their home is considered still relevant to the field in comparison to asking the FCOC when they are living in that situation. Additionally, from a narrative perspective it is not only how the person felt at the time that is relevant for professionals to understand, but how such an experience has factored within the stories that they tell themselves and others. How and why the participants tell their story of being FCOC can affect their beliefs of care, desires to provide care themselves and gives us some understanding of the outcomes of care for these children.

Non-kinship fostering families were chosen for this study as opposed to including all types of foster carers that have their own children. This is because the dynamics of having a family member placed within the home is often different to having a non-relative placed with the family by the state or a non-government organisation. Understanding the differences in how FCOC experience having a foster child in their home in both types of care would be beneficial, but extends beyond the scope of this thesis. Within non-kinship foster families there is still a range of diversity where the care provided may be respite, short-term care (e.g. three months), long term-care, or home for life (quasi-adoption). This study was open to participants that had experienced one or a combination of these care arrangements, apart from quasi-adoption as this was once again seen as a slightly different construct. These types of placement were also chosen as one line of inquiry that I was interested in was how the participants storied their experience of the impermanence of care.

Smith, Flowers and Larkin (2009) suggest that for qualitative research between three and six participants is a reasonable amount. Small sample sizes are predominantly utilized within narrative studies due to the level of detail required within the analysis (Riessman, 2008). The study initially intended for eight participant pairs, in the aim of having a breadth of experiences to draw from, but no more as time constraints limited the number of interviews that could be conducted and transcribed in the time allotted.

Recruitment was still difficult with this participant group, which meant that only four interviews were conducted. All participants were recruited through the same Christian organized Non-Government Organisation (NGO). Two of these participants were siblings from the same family. The decision to interview more than one FCOC from a family was directed by the difficulty in obtaining participants and the interest in understanding how children within the same family may present different narrative perspectives. Further research on narrative methodology throughout the development of the study suggested that this comparison could add a greater understanding of the degree to which the socio-political context can influence the FCOCs' narratives.

Ethical Considerations. Participant consent was only considered valid once they were fully informed about the research and procedures, and this had to occur before data collection (Willig, 2013; Thoresen, 2014). It was vital that I did not pressure participants into signing consent forms (see Appendix B; Creswell, 2013). Participants also were informed that they had the right to withdraw at any time without fear of penalty or that their information would be used without approval (Willig, 2013). This study required complete confidentiality regarding any information, and there was no deception in recruitment. The only justification for any deception within research is if the benefits outweigh the risks, which was not the case within this study (Willig, 2013). Therefore, I was completely open with the participants about how the research was to be conducted, the purpose of the research

and how the data would be analysed. Participants were also offered the opportunity to read their transcripts and be given access to any publications and or the final thesis if they so wished.

All information recorded and signed consent forms were kept in a locked filing cabinet within a secure office at the University of Canterbury. Audio recordings and electronic documents were stored on password protected USB, hard drive and laptop. Any information accessed by persons other than myself was stripped of identifying information. The organizations used during recruitment know who they recommended the study to, but do not have access to the pseudonyms used for each participant. A separate document was made pairing each participant and the relevant pseudonyms for my reference. Participants were offered to choose their own pseudonyms but all declined. The anonymity and use of pseudonyms extended to all members of the family, including foster children that have lived with them for their protection and privacy.

Organisations Involved. Despite organizations associated with foster care helping to facilitate recruitment, they are not named or identified within this thesis, nor will they be in any future publications. This is to protect the agencies and their clients and limit bias. These organizations had no further influence on the data or participation beyond recommending the study to participants and sending out information sheets and consent forms. One organization provided contact details for the families but only after the families had consented and noted that this was their preferred method of contact. The organizations were promised a copy of the completed thesis should they wish to have it.

Cultural Considerations. Due to the over-representation of Maori children within the foster care system it was necessary to determine if Maori consultation was required in order for the research to be considered culturally competent. The fostering organisations contacted for this study were asked what percentage of their clients were Maori. One organisation

responded that over the 2014 period, 5% of their clients identified as Maori and another 17% identified as New Zealand European/Maori. Another organisation was unable to determine statistics but a senior social worker estimated that more than half of their clients across New Zealand identify as Maori in some regard. The other organisations did not respond.

Given the statistics presented, I determined it was best practice to contact a lecturer from the University of Canterbury who specialised in Maori health and well-being. The recommendations provided suggested that Maori perspectives of health, well-being, whanau and family were considered within the study's background research. Such concepts were considered in the context of the interviews, question development and analysis. Were any participants to identify as Maori, there was an offer of further consultation, however this was not required. With the change of participant age and maturity, a question was asked about differences in cultural or ethnic backgrounds between the participants and the foster children in their homes to gain a better understanding of context. All foster children and participants interviewed were of the same cultural background.

Researching Sensitive Topics. Foster caring can be a sensitive topic, due to the past experiences of the foster children and what they bring into the home, the emotional elements of providing care, and the potential tension caused within the household dynamic. For this reason, it was imperative that I was sensitive in my questioning and aware of the verbal and non-verbal cues given by the participants (Hyden, 2013). The power dynamic between the interviewer and interviewee is another element that I had to be aware of, as this could have led to me unknowingly re-victimising a participant who had a negative experience. Power dynamics also impact upon what the participant is willing to disclose and how comfortable they feel in the interview (Hyden, 2013). Therefore, I aimed to be friendly and approachable, and utilised empathy and rapport to put the participants at ease. Hyden (2013) notes that “different physical spaces offer different discursive spaces” (p.238), which is why I chose to

utilise the private library rooms at the University of Canterbury to interview, as this space was familiar to the young adult participants and the most neutral ground in terms of power dynamic available. The Pukemanu centre was similarly chosen for the original method for this reason, as the centre is designed to make children and parents feel comfortable when meeting with Child and Family Psychologists.

Risk. Whilst the risk of causing mental stress or emotional distress to a degree that required a further response was low, this topic touched upon sensitive issues and therefore provisions were made to reduce the level of risk. Every effort was extended to ensure that the semi-structured interview questions were open, allowing the participants to lead the interview and focus on topics they were comfortable with. They were also told they did not have to answer any questions that would make them feel uncomfortable, without needing to provide a reason why. Snacks were provided during the interviews (unless the participants declined) and the locations of the interviews were intentionally chosen to make the participants most comfortable. Phone and email contact were established, including an offer to meet prior to the interview so that participants would be comfortable around the interviewer.

The senior supervisor for this study was a practicing clinical psychologist with a history of working with children in care and assisted with the content of the questions, supervision of methods and any issues that arose. I am also a psychologist in training, with experience working with and interviewing children from different backgrounds, including foster care. As the participants interviewed for were adults there was much less risk regarding the level of emotional and mental stress than there would have been for child participants. However, every precaution was still taken to minimize emotional distress and maximize comfort. The participants were asked on multiple occasions whether they were comfortable, and I notified them that the interview would be stopped immediately if they appeared to become distressed. There was no longer any need for a referral to the Pukemanu Centre as it

only accepts referrals for children. However, if there was an issue of distress the primary supervisor was happy to debrief participants after the interview if necessary.

Recruitment. All effort was expended to ensure that a range of foster families and organizations were informed of the research to improve the likelihood of recruiting enough participants who were diverse. Recruitment was conducted through contacting the administrators for foster care agencies and related non-government organizations that support foster carers and their families in the Canterbury region. Other agencies that operate predominantly within Auckland were also contacted throughout the course of recruitment when I was struggling to gain participants. These organizations were used as they did not require ownership of the data once collected and they were willing to send out information about the study to families that they supported. There was no recruitment through advertising due to this being a small and select population within the wider community. Due to the regulations in place and the protectiveness of government departments in regards to the children in their care, it was considered best to recruit from NGOs as their carers could independently consent to participation.

When working on a sensitive research topic there is normally more commitment required from the participants (e.g. longer interviews) and more difficulty recruiting participants (Squire, 2013). Due to this it was imperative that I develop a rapport with the fostering agencies to ensure they were comfortable promoting the research and encouraging their clients to participate. This rapport was facilitated through multiple emails and phone conversations. To appeal to foster carers and put them at ease with me interviewing their child organizations were offered a hosted morning or afternoon tea in which the researcher would provide refreshments and answer any questions. This offer was accepted by one organization, after the Foster Parent Social Worker met with the researcher in person to discuss the study. The Social worker valued research and its influence upon practice and

invited me to attend the beginning of a foster parent support group to give a presentation on the current study, why research is relevant within foster care, and the implications such research has for practice and families. The presentation was well received by foster carers, and they expressed a great need for such a study to take place, as it would have helped them when starting to foster.

Possible Selection Effects. It is important to note that within such research there is a concern regarding participation selection effects. It is possible that foster carers may have been concerned about what their children would report, they could believe that our research could cause familial conflict, or just not believe the research is worthwhile. There also may have been parents willing to participate but with children who were shy or reluctant to interview with someone they had not met before. Attempting to alleviate these concerns was a large focus of ethical considerations within devising the procedure, which is addressed later in the chapter, however these effects can only be minimized rather than eliminated. There are also issues of selection bias within the recruitment on behalf of the organizations, as many of them had families in mind that they specifically spoke to about the study. This means there may have been some families who were not contacted due to the organizations believing they would be uninterested.

Recruitment Practicalities. Families contacted me outright to say that if the age group was to change to older participants (i.e. over 18 and who had fostered as children) they would be willing to interview. They believed the research had immense value and wished that such information had been accessible to them when the family decided to foster, therefore these families asked if they could provide input to help with the research. A change in participant population and method was thusly made and families within Canterbury who had previously approached me with interest were re-contacted to confirm participation. The organizations were contacted with the change in participant criteria and sent a mailer (see Appendix A) to

send to their foster families, the adapted consent form (see Appendix B) and an information sheet (see Appendix C). Only parents from one organization responded and, in most cases, they passed on their children's details for me to contact the FCOC with the information sheet and consent form. Four out of five of these participants responded eagerly to participating in the research and thus interviews were booked over phone or email. Other organizations expressed that they had no families that were available or interested to participate.

Selection of Site. Due to the Pukemanu centre bookings being prioritised for child interviews and clients for the centre, an alternative site was needed for the young adult participant interviews. The participants were all familiar with the University of Canterbury's main library and this site enabled me to book private, soundproof rooms for the interview. The maturity of the participants meant there was less risk posed in discussing the sensitive topic of their experience with foster caring, therefore the interviews could be less formal in their setting as long as confidentiality was still ensured. The four interviews were all conducted in the same room and I aimed to dress in a consistently relaxed-professional style, in an attempt to keep participant perceptions of the relationship and power dynamic consistent, as recommended by Riessman (2008).

Procedure. The data for this study consists of transcribed and audio recorded semi-structured interviews. Most experience-centred data are collected through semi-structured interviews as it allows the researcher to adapt to the flow of the narrative by responding with active listening and non-verbal responses or utilising key questions when necessary (Squire, 2013). This active listening maximises the quality of the data as it enables the researcher to understand how best to respond and interview the participants (Thoresen, 2014). Researchers that value narrative co-construction utilize the entire conversation as data, endeavouring to be alert to the effect of social and political factors upon the interview and its progression (e.g. socio-economic status, education level, gender etc.) (Squire, 2013). Interviews need not be

the only source of data, as some narrative interviewers follow-up with clarifying questions, additional queries or to continue the narrative through a series of further interviews. Some researchers can have the narrative process span across decades. One thought behind this is that further engagement such as this gives the participants more power and agency over their narrative (Squire, 2013). However, due to the time constraints of conducting a Masters' thesis, my experience and the commitment required of the participants, a semi-structured interview lasting under an hour was deemed to be sufficient for this study. Not all interviews for narrative research need focus on the broader life story, episodic interviews can be utilized to understand experiences of change and disruption within their lives. Such interviews have a focus but still allow room for the participant to narrate their own account (Murray, 2015).

Semi-structured Interview. With the change in participants it became unnecessary to conduct interviews with the foster carers, and instead more time was allotted to interview the FCOC; between forty minutes to an hour. This required less commitment from the family and meant the participants could organise the best time to interview around their own schedule. A genogram was proposed in the draft semi-structured interview schedule but upon further reflection it was decided that the interview's full attention should be on the participant's narrative. Though this meant the genogram could not be used for analysis, it enabled the participants more agency to direct the interview. Participants were contacted via phone and email to provide them with the information sheet (see Appendix C) and consent form (see Appendix B), and to arrange a time to meet at the University of Canterbury library, and I met them at the front desk.

A brief conversation was had to introduce the participants and researcher, build rapport and put the participants at ease. Snacks were provided for half of the interviews, the others declined due to dietary requirements. Murray (2015) suggested that collecting background material about the participants is important information for analysing narrative

accounts, and that it can contribute to the appropriateness of questions used to illicit the narrative. Due to this I collected brief information about the participant's current age and age at fostering amongst other details intending to provide context prior to engaging in the full interview.

The draft interview schedule (see Appendix D) was devised and asked questions that were more introspective than the previous child interviews, for example, they were asked if the foster children had been of a different culture or ethnicity to that of their family and to elaborate on how they found that. This is a question that would be difficult to ask of younger participants, but important to understand as often in New Zealand Pakeha/European families make up the foster carer population and Maori children are overrepresented within care. Such insight is possible for a young adult to provide and may add to the narrative understanding of social context. However, instead of utilising the schedule in Appendix D., I decided to have a general list of prompts that were relevant to the study and previous literature, as this would facilitate a more natural conversation than constructed questions (see Appendix E).

Specific stories of experience may be elicited with questions asking to provide examples or 'tell me more' statements (Squire, 2013). Some researchers would view this as skewing the research, but others would argue it ensures the research question is answered which is the perspective taken in this study (Squire, 2013). What was most important in terms of facilitating the interview was for the interviewer to listen attentively to what the participant said and to notice their body language and non-verbal cues to gauge how comfortable the child was (Riessman, 2008; Thoresen, 2014). Such skill is often underdeveloped within early researchers, but fortunately I had finished a competency assessment on child interviewing prior to the data collection stage. As Riessman (2008) suggests, it is important in interviews for the interviewer to concede some control over the direction of the interview, as despite this promoting some anxiety for new researchers, such practice encourages participants to be

more open about their experience. Power-sharing often leads to greater discovery within narrative analysis and open questions or prompts are better at facilitating a narrative than closed questions. However, what was most important were my expectations, as when an interviewer seems to expect shorter answers, there will be a pattern of interaction developed of more brief answers and less narrative development (Riessman, 2008). Therefore, the questioning within the interviews was as open as possible, utilising 'tell me more' directives to facilitate the narrative.

The interviews began with a discussion about the research, the participant's right to confidentiality and privacy protection, their right to withdraw at any point, an overview of how the data would be managed. They were informed that their family's information and all identifying details would be made anonymous, utilising pseudonyms that they could choose if they wished. At the conclusion of the interview, they were reminded that they could withdraw at any point without penalty, and that once the transcripts and thesis were compiled they were welcome to read a copy. I noted any additional information or thoughts about the interview in the reflexivity journal. Once the transcripts were returned, I contacted the participants asking if they would like to have a copy and provide any feedback or thoughts on the data. Only two participants wished to review their transcripts and none accepted the offer for further comment.

Reflexivity Journal. Reflexivity is an important concept within qualitative research as it ensures that researchers consider their own background and beliefs, enabling them to consider how they would influence their interpretation of the data (Creswell, 2013). Reflexivity also increases the validity of qualitative studies through forcing me to constantly review and scrutinize their role in the research (Willig, 2013). I kept a reflexivity journal of notes on the thought processes involved throughout the study, including conceptualisations of

changing participant ages and locations, observations made after the interviews, and when reviewing existing literature (Murray 2016).

Data Recording, Transcription and Storage. The semi-structured interviews were audio recorded on my phone and laptop. Two different sources were chosen and tested before starting the interview to ensure that the recordings were clear, reliable and that a back-up was available if anything happened to one or the other. Audio recordings were chosen as I believed participants would feel more comfortable opening up whilst constructing their narrative if it was voice recording rather than video. This medium also ensures that the interviewees are accurately recorded and transcribed.

I explained to the participants that the recordings were being made to ensure they were truthfully represented, and that once the transcripts were made they would be given a copy of their own interview to review to confirm that they were content with the data. Participant feedback was highly encouraged as it would provide further data and improve the reflexivity and transparency of the analysis. Validity is also increased if the study's findings and data make sense to the participants (Willig, 2013). However, only two of the four final interviewees asked to see their transcripts and no feedback or additional commentary was provided.

The participants were informed that I would utilise a third party to transcribe verbatim the first draft of the transcript and that this transcription service would be held to the same standard of confidentiality as I was (see Appendix F). It is important to note that many researchers advise it is best if the investigator does the transcription themselves rather than utilising others as make important choices within analysis and transcription. As noted by Riessman (2008):

“Transcription is deeply interpretive as the process is inseparable from language theory. The ‘same’ stretch of talk can be transcribed very differently depending on

the investigator's theoretical perspective, methodological orientation and substantive interest.” (p.29)

However, to save time, the first draft of the transcription was typed up by transcription services and checked for accuracy by myself. Further notes, non-verbal utterances and additional comments were later added to the transcripts during the multiple readings required for narrative analysis.

The recorded data and transcripts were stored both electronically and in hard copy. The physical copies were stored in a locked filing cabinet in a locked office at the University of Canterbury. The electronic copies were kept on a hard drive, laptop and USB stick to ensure the copies were backed up. All the electronic sources were password protected and the files additionally encrypted. I was the only person with access to these passwords and data. The participants were made aware of these safety precautions and that their anonymity would be protected through pseudonyms in any data that was to be seen by others (transcription services or supervisors for example). At the end of five years, as required by the University of Canterbury's protocol, all raw data will be destroyed in a confidential and ethical manner.

Inducement. No inducement was offered to the participants. However, to acknowledge my appreciation for the time given to the study, each participant received a thank you card including two movie vouchers.

Analysis

The analysis conducted utilised a social-constructivist viewpoint to remain consistent with the methodology and research objectives. This analysis consisted of a performance analysis with an experience-centred approach, which utilizes attributes of both structural and thematic analyses. To minimize the participants or audience finding the interpretation of data

wrong, I aimed to utilise examples in the findings and full reflexivity throughout the analysis, so that my perspective would be transparent. To ensure rigour, I read through the transcripts carefully, multiple times and from different perspectives. Participant feedback was solicited on the first copy of the transcripts, to allow for transparency and participant agency within the data, however no feedback was provided.

Analysis began with a careful read through the transcriptions whilst listening to the corresponding audio recordings to ensure that the transcription services had sent through an accurate account. During this stage I added in the pauses, non-verbal encouragers and statements, and notes of tone throughout the transcript which had been overlooked by the transcriber. This descriptive phase was utilised to gauge the tenor of the conversation and ensure that every aspect of the narrative was documented – what was being said and what was not. Pauses, contradictions and gaps in what the participants said were noted within the transcripts to better understand the context of the interview. In addition to the dialogue, notes from the reflexivity journal were added to the transcripts. Comments about the participant's age, gender, education, appearance and manner were relevant contextual information to consider in analysis as they highlighted the power dynamics in the relationship between interviewer and interviewee. The natural tendency for people to make assumptions about others could have influenced the participant to censor what they saw as 'tellable' stories, and could have impacted how I interpreted the narratives they told.

The next stage of read-through consisted of me thoroughly immersing myself within each narrative, creating a summary of the beginning, middle and end for them. Key themes within the narrative and connections to previous theories and literature were developed during this reading. Analysis noted areas in which the data resonated with previous theories and where it added something new to the research. These initial stages of analysis required an awareness of the theory and the influence of my own perspective upon interpretation, whilst also

striving to be open to new ideas. I noted my thoughts on the transcripts as the analysis developed in order to be transparent and rigorous in understanding the influence my perspective had on the data.

Narrative analysis requires multiple readings from different perspectives. The next perspective utilised was structural as it took each section or ‘small story’ of the narrative and allocated it a ‘scene’. These scenes typically related to specific time periods or events. The ‘scenes’ utilised Labov and Waletzky’s (1982) six clauses to understand the structural purpose: ‘abstract’, ‘orientation’, ‘complicating action’, ‘evaluation’, ‘resolution’ or ‘coda’. Not all scenes contained all six clauses. Each ‘scene’ discussed by the participants typically related to a specific time-period and ended with some form of conflict resolution.

The next step of the analysis focussed on performance and how the narrators positioned themselves and other characters within each scene; as active or passive agents, operating from a place of privilege or disadvantage, saving face, etc. This positioning was constructed through grammar or emphasis, but also required careful attention to the context of the thematic analysis and sociocultural context. Such positioning often produces key narratives that are present within multiple scenes, therefore at this stage any emergent key narratives were highlighted. This performance is often subconscious and not inauthentic as it is a means of navigating the social world, and therefore there are often hidden discourses in the narrative that are taken for granted by the participant (Reissman, 2008).

The final stage of analysis consisted of reviewing themes across the narratives and highlighting sources of divergence between them. This stage of analysis considered the socio-political context to address why such divergence and convergence would occur within these narratives. This contextualisation stage also analysed why the narrators may have performed their narratives in such a manner. These concepts are further discussed in the ‘Findings and Discussion’ Chapter.

Chapter Four: Findings and Discussion

Interaction with the Interviewer

Due to the small sample size and intimate community of carers with their own children certain details have been removed from the findings to provide as much anonymity and confidentiality as possible. Therefore, discussions regarding social context will be less specific than other narrative research, as ethicality is prioritised over transparency.

Four participants were interviewed at the University of Canterbury Library. I met with each of them individually and had a brief conversation with them whilst setting up the

equipment to develop a rapport. There were two female and two male participants, between the ages of 20-24. They had all fostered younger children, whose identifying features have been removed from the presentation of these findings. Two of the participants were siblings, recruited in order to compare narratives of a similar background and because both were eager to share their stories. None of the FCOC were only children. Some participants had attended the University of Canterbury and others had been working for some years but were regardless familiar with the University because of their peers.

Due to our similarities in age, all participants interacted with me in a way that is typical of peers getting to know one another. During the interviews some seemed to expect me to take more of an 'expert' questioning role particularly initially but once a rapport was developed the participants and I felt more at ease and the interview flowed more organically. There were differences in my interactions with the interviewees as the women seemed more interested in a conversational style approach whereas men seemed comfortable directing the narrative dialogue.

With respect to the reflexivity and transparency required of narrative research it is relevant to note that one interview was impaired by my actions. During the participant's narrative I became distracted, concerned that I would be unable to use the data, as they had started fostering at age 18 which was on the cusp of fostering as a child. Though the data met the inclusion criteria, this meant I was less engaged with the narrative and asked closed questions when open questions would have been more appropriate and facilitated a more comfortable narrative. The participant noted my concerns due to postural and tonal changes in the conversation, therefore it is possible that their responses were less open and more aimed at providing a 'right' answer, than if I had conducted the interview more like the other three.

Narrative Themes: Stories Shared by Participants

During the analysis, it became apparent that there were many recurring themes across the narrative accounts. These themes closely resembled those found within the literature review, such as personal growth, concern for their parents and coping with the change in family system through withdrawal. However, these themes are best understood presented as shared stories rather than independently teased into discrete categories, as this reflects their performance within the interviews.

‘Fostering was Their Parents’ Altruistic Choice’. The decision to foster for all families was altruistic; led by their parents in a desire to help children in need. Most participants commented that their parents had been thinking of fostering for a while, therefore the decision to foster was not unexpected. Three participants, two of them siblings, noted that their families were Christian and therefore their parents felt a higher calling to help within the community.

“My parents were like, well we’re going to do this because we feel like we want to help society in some way that we can.” (P1.1.23)

“My parents just felt that was their call, to [help the local community]” (P2.0.20)

The carers were motivated to foster because they felt they had much to offer children who comparatively had very little. Participants commented that because the family had a large house with spare rooms, their parents reasoned that there was space available for other children. All the foster families identified as NZ European and appeared to be from at least a middle-class and well-educated background. The understanding of their privileged background and religious beliefs seems to have been the predominant motivation to foster, as seen by the FCOC. The experiences of these participants are consistent with the existing literature that suggests most carers are altruistically spiritually motivated to foster (Delfabbro, Taplin & Bentham, 2002; Nutt, 2006; Geiger, Hayes & Lietz, 2013; Quiroga & Hamilton-

Giachristsis, 2016). However, it is possible that the carers had additional motivations unknown to their children; a desire for more children for example.

For one family, the decision to foster was explained by the space available in the home and a desire to give back. However there seemed to be an additional motivating factor of loss, as the participant had lost their younger sibling a year prior.

“[S/he] passed away and then a year later we went to some family friend’s house, and they had two foster kids. And then um... At the time, like, my parents had quite a big house, and it was only me, Mum and Dad, and we had quite a few spare rooms...”

(P.1.1.23)

Fostering other children to alleviate loss is not an uncommon occurrence (Nutt, 2006). Their choice to foster other children may have been motivated by the need to alleviate the loss they suffered, or it may have been their way of turning a personal tragedy into a positive situation. The FCOC in this family was initially wary of the decision to foster and had strong opinions about the foster children. These feelings towards the foster children appeared to be more negative with the first two placements, which were the same gender as the sibling that the FCOC lost. Whereas, when later foster children were the same gender as the FCOC they were described more positively and as having ‘character’. Though the FCOC’s more favourable perspective may have been influenced by having more in common with the same gendered foster children, the structure of the narrative suggests that the original emotional distancing from the foster children was out of loyalty to their late sibling and, likely, fear that their parents’ move to foster was more complex than pure altruism.

Lack of Participant Agency. None of the FCOC said outright that they were not involved in the decision to foster, but their statements suggested that it was a decision made predominantly by the parents. This is consistent with previous research that indicated discussions with FCOC occur primarily after the carers have made this altruistic decision on

behalf of the entire family (Poland & Groze, 1993; Spears & Cross, 2003; Dozier & Lindheim, 2006; Nutt, 2006; Younes & Harp, 2007).

“I would say I wasn’t too keen on the idea of it, but the whole family was doing it so I just got on board...if one of us wasn’t keen then they wouldn’t have done it, but I’m not one to hold people back, so of course I’m just going to go along with the flow. I guess I trusted [my] parents in their decision”. (P4.0.24)

“Um, for both me and my [sibling] it was like water off a duck’s back...Um, we just took her in and treated her like a sister and it wasn’t really any - we didn’t think it was different or strange or - yeah, just did what we thought was normal.” (P2.0.20)”

“For [sibling] and I it was more a decision of ‘oh yeah, if Mum and Dad want to do this, you know, we trust them, yeah it will be absolutely fine’”. (P3.1.23)

These statements had an underlying tone that suggested the participants had little control or input in the choice to foster, but that it was important for them adapt to the changes occurring for their family. Within the initial fostering process all of the participants constructed themselves as passive. The participant that had the most agency within this narrative was more sceptical and less supportive of the decision, however their comments still positioned them as inactive and did little to dissuade the carers from making this choice.

“To be fair, I wasn’t all that into it. I didn’t want - I was like, “nah you won’t change them - you won’t be able to help them at all - it’s not going to work, you know.” (P1.1.23)

Much like the participants in Targowska and colleagues’ (2015) study, it is possible that the FCOC felt that to contradict such a decision would be selfish. Despite their unease at whether fostering would affect any change and concerns that the children might be disruptive, FCOC did not criticise their parent’s choice. Perhaps because contradicting a

decision presented as entirely selfless and charitable, made by those that you love and respect, would be a difficult task for any person let alone a child or adolescent.

‘Perspectives Change.’ Each of the participants had initial perceptions of what fostering was going to be like, some felt nervous and assumed that the foster children would be difficult to work with, much like FCOC in Younes and Harp’s (2007) study, whereas others were unperturbed about the new additions to their family. However, as with most experiences, such perceptions changed with time.

“I was a bit apprehensive... I thought it was going to be like bratty little – not bratty - that’s not the right word, but behaviourally challenged kids. It wasn’t like that at all, which was good...I guess they always ended up better than I thought they were going to be” (P4.0.24)

“To be fair, I wasn’t all that into it. I didn’t want - I was like, “nah you won’t change them - you won’t be able to help them at all - it’s not going to work, you know, you know - once they’re at that level you can’t bring them back, because that’s all they know”. (P1.1.23)

For one participant, such beliefs were reinforced by the fact that the first few placements broke down relatively quickly. Upon fostering children that adjusted well to the family system and the structure provided, this perspective became less rigid.

“I guess now my thoughts on the whole thing is I still kind of think you can’t change them. I’ve still got this feeling that you can’t do it, or it’s a lot of hard work. It’s a lot of hard work, and I think now, that you’ve got to fit the right foster child in the right home. I guess we don’t have, with New Zealand - that many foster children don’t have that luxury of picking and choosing which you’ll suit” (P1.1.23)

A goodness of fit between foster child and the family dynamic was a significant indicator of placement success and positive views of care for the FCOC, which endorses Sinclair, Wilson

and Gibbs' (2005) finding that it serves as a protective factor against breakdown. This goodness of fit was often an important aspect between parenting style and the needs of the child, and not every home agreed upon how to establish this fit.

"[Father's] way of parenting is very much like, kind of um, respect is to be given - not earned. Then my mum... she's more [understanding]... so he's not very tolerant with [foster child's] behaviours, and kind of he's more of the give a lecture type, but [foster child] doesn't respond well to lectures [s/he] shuts down ...so I think my parents um, the biggest disagreement is on how to discipline." (P2.0.20)

In one household, children that responded well to structure and routine that the parents had utilised with their own children experienced more stable and positive placements. Whereas children that had more anxious behaviours and needed a more adaptive environment were viewed as difficult and strange. In another home that was more flexible in parenting style and had older FCOC, all the placements they had were perceived positively, as there was little crossover between the personal life of the FCOC and the foster child. This more positive experience may also be reflective of the participant's developmental maturity and lack of egocentrism, traits that would have been less common in the participants who started fostering as pre-adolescents. Reflecting on previous literature, older FCOC found it easier to empathise and see the experience positively, whereas FCOC who foster at a younger age typically express more negative views (Kaplan, 1988; Martin, 1993; Heidburrt, 1995; Pugh, 1996; Spears & Cross, 2003; Sutton & Stack, 2013; Nel, 2014; Barter & Lutman, 2015).

One FCOC was originally supportive of the decision to foster finding that although the beginning of a long-term placement was tricky it was still good for the family. However over time a theme of 'resentment' towards the situation became consistent within their narrative.

"The more difficult [they] became, the more I started to resent the decision a little bit more." (P3.1.23)

The FCOC resented the negative impact on their parents and their relationship with their family, like FCOC in Twigg's (1994) research. Interestingly though, this participant was still consistently supportive of their family's work with the foster child and acknowledged beneficial aspects of fostering. This account is an interesting example of how, despite many previous studies reviewing the benefits and challenges of care as separate, the participant narratives in this study suggest that the experiences are far more nuanced and intertwined (Part, 1993; Pugh, 1996; Watson & Jones 2002; Spears & Cross, 2003; Richardson, 2007; Younes & Harp, 2007; Nuske, 2010; Sutton & Stack, 2013; Nel, 2014; Noble-Carr et al. 2014; Targowska et al. 2015). Positive comments could be defensive or backhanded, and negative comments were made through laughter and self-deprecation. One participant commented that they were very critical of fostering but when reflecting on the experience was cheerful in tone and evaluative comments. Whereas two other participants insisted on defending positive aspects of fostering yet their tone and posture suggested they were worn down by the experience. These statements suggest that oversimplifying fostering into 'good' and 'bad' aspects overlooks the complexity of FCOC's feelings and their experiences. All participants could see positive aspects of fostering, particularly retrospectively as adults as they could understand the benefit of their family's contribution to children in need.

"Knowing that kind of showed her that she can improve her life and she can try to make good choices, and yeah definitely the highlight is knowing that I - I did my bit, and yeah that feels pretty good." (P2.0.20).

"I think that's awesome and reflecting on how they were at the beginning to how they are at the end, especially with [one child], [their] life has changed and [s/he] is such a healthier functioning human, and I can credit a lot of that to having a stable home life, and that's an awesome thing to be a part of." (P4.0.24)

“Yeah, I guess it’s been a range of different feelings and thoughts, but yeah it’s definitely been good. I guess it’s another good chapter in your life that you can be a part of, and say that I’ve been part of helping someone in [their] life. Even though I probably didn’t try at the start, and wanted to get involved with it, but now it’s like, I’ve actually helped [foster child] come to be a better person from [their] background.”
(P1.1.23)

In many ways fostering appeared to be bitter-sweet for FCOC. Their positive reflections were often self-sacrificing and defensive, yet the majority insisted that their parent’s decision to foster was a positive thing. These positive reflections often followed a negative comment about their experience of care or were used as an example of a ‘what doesn’t kill you makes you stronger’ narrative for how they became better people through the experience.

“I think it has been a positive experience, and I don’t think I’ve missed out or lucked out on anything, because of it so, yeah. I definitely think it altered my perspective on it all. I think it showed me the importance of parenting right... I don’t think it’s had a massive impact on me.” (P4.0.24)

“In a positive way I think it’s made me a little bit more patient with people... it just kind of allowed me to have a greater appreciation and a greater understanding, I guess you could say, of a wider variety of people.” (P3.1.23)

Regardless of their perspectives at the beginning of fostering, all four participants saw the benefit of committing to having a foster child in their home. All four currently had foster children living with their parents and two were extremely positive about those children, and the other two were positive about the foster child’s transition into independence. One FCOC even mentioned that due to fostering they now had a child they considered to be a key member of the family; a sibling.

‘Fostering Became the Family’s Main Focus’. For all the FCOC, fostering became the predominant focus for the whole family and the foster child’s needs took priority over all others. This meant that they had to adjust to new family dynamics and routines, with a consistent prioritisation of the foster child’s needs. These findings are overwhelmingly supported by most previous international studies mentioned in the literature review.

“I guess a person comes into your everyday life who you may not necessarily like, but you learn to love them... sometimes you can get a bit frustrated that your whole family life has been altered for this one person.” (P4.0.24)

“Instead of being equal focus on everyone’s needs, it was all just completely focussed on [their] needs, and it has been for the last 11 years.” (P2.0.20)

This shift in focus meant that when participants went through developmentally typical ‘rough patches’ unlike their peers they felt they had to tackle any issues independently as the foster child’s needs were more demanding.

“... starting to go through the teenage years ... I was bullied a wee bit at school as well, which didn’t help matters...then Mum and Dad had to put in a lot of effort into [foster child] ... it was on two different levels, and because [sibling] and I were super-blessed - we went to a great school, and grew up in a fantastic family, it’s kind of the expectation that, okay you guys can actually - you’ll actually be fine - you just sort yourselves out and you’ll be good.” (P3.1.23)

For most of the FCOC there was this expectation that they would be able to adjust easily (Ellis, 1972). Guilt and justifications were common within the narratives when discussing their dissatisfaction with the situation and the lack of response from their parents when they felt that they wanted parental support. The FCOC attempted to present an honest depiction of their experience, but each of them ensured that I was aware of how supportive they were of their family, and how they were very privileged in their background despite hinting that they

would have liked more of the support from their parents than the foster children or their peers likely received.

“I don’t just have free access to my parents, if that makes sense - not in a necessarily negative way. I’m very understanding of it. ...how fortunate I am to have been raised with great parents.” (P4.0.24)

Ellis (1972) and Wilkes (1974) noted that shifts in family culture can create conflict in the system and this was the case, particularly for the two male participants as they actively voiced their disapproval of the changes. For one participant, this conflict was particularly salient.

“Like, there’s so many times that my - my Dad and I would end up in fist fights, just because - and that was our only interaction for years and years, because that’s just how I felt.” (P3.1.23)

This relationship became easier once the participant moved out of home, but to reach that point adjustments had to be made. The family would plan to visit the FCOC around whether the foster child was with them and vice versa to avoid familial conflict as the foster child’s difficult behaviour would often escalate when the participant was around, for example being rough in play with the aging family dog, throwing dirt, turning the radio far up. The participant recounted these incidences with disdain but their tone shifted when acknowledging that during their wedding the foster child was sweet and behaved appropriately and allowed the attention to be on the couple. Though the participant presented themselves as disliking the entire experience, a sentiment that was confirmed by their sibling, their account suggested that they wished this experience had been more positive. I was under the impression that they wanted the relationship with the foster child and their family to have been easier and more natural, but the adjustment amongst other key stories told suggested that felt unmanageable to the participant.

It is possible that such feelings stem from the belief that, in committing to care, individuals need to become selfless and put the needs of the foster child first. By finding such a necessity difficult, FCOC that protest may be considered as non-compliant and violating the new familial norm. The expectations placed on FCOC that they would adjust to these changes in a positive way however overlook the fact that egocentric perspectives are developmentally typical. The expectation that children will be as mature as adult carers does not consider the natural progression of child development, and places pressure on FCOC to be patient, supportive and selfless that likely would not be placed upon their same aged peers.

“I just think that you [as a family] just have to be super selfless, and you can’t just be supporting the child. You have to kind of support the whole idea of it - the whole cause of um - and yeah just have to be there for someone that has no-one else in the world really, and I think that’s a big burden in itself; that you’ll only - you’ll be the only call for this person if they get in trouble, or anything. So yeah, and you don’t really have that emotional connection as you do with your own children. So you kind of have to be ready to yeah, be that point of call for someone, even without that connection. So yeah it is real tough.” (P2.0.20)

FCOC felt that even though they did not contribute as much to caring as their parents did, they were still required to take responsibility for the foster child. In many ways the foster child/FCOC relationship operated similarly to a typical sibling relationship, with the younger foster child embarrassing them in front of their peers and the older FCOC having to take on a more nurturing role.

“I always had to be on guard; who she’s talking to - had to make sure she was by my side.” (P2.0.20)

“[We had] to see [them] at school and have [them] run up to us and be an idiot in front of all our friends and all that kind of stuff, and that was kind of - yeah, “who

cares anyway". Yeah, kind of resent - a little bit more resentment I guess you could say... I kind of worked - tried my hardest to fit into that group, and then to have [foster child] come up and be an idiot, and give you cuddles and all that kind of stuff, is not really what a 12-year-old really wants. (P3.1.23)

However, the difference in these cases was the extent of the behaviour of the foster child and the level of stress and responsibility that the FCOC put upon themselves. Many FCOC had to mature before their peers due to the relationship with the foster child.

[My sibling] was amazing with [foster child] at school, like [s/he] used to walk [them] to school and then pick [them] up and all that kind of stuff. Like, [s/he] was really, really good. Um, and just kind of seeing the stresses that [foster child] put on [sibling] at school was just a bit hard, like even when [sibling] got to high school [s/he] was like, 'oh so much easier - no [foster child] - this is great - this is really good'."
(P3.1.23)

For the FCOC one of the most difficult aspects of the fostering task was sharing parental attention, and though it was less prominent for these participants than in previous studies it was still an element that affected them but that they felt guilty and selfish for expressing (Mauro, 1985; Twigg, 1993; Norrington, 2002; Swan, 2002; Twigg & Swan, 2007).

"It does get frustrating sometimes when you do um, you know want some kind of attention or something from your own parents, but you feel that um, [s/he's] kind of taking all of it, but yeah - try to stay humble and not greedy." (P2.0.20)

Not only did the FCOC need to share parental attention day-to-day, but the time that was spent with their parents changed with the addition of a foster child to the family.

"We couldn't go out and do as much, I guess you'd say. We couldn't - Mum and Dad couldn't take us to the movies as a family because we know that [foster child] would

misbehave. Especially the older that [my sibling] and I got, more as teenagers, you know, we couldn't go out for a nice dinner or anything like that, because [foster child] would misbehave, and we know that she'd just throw a tantrum..." (P3.1.23)

Even relationships with extended family members changed as the foster children would become over familiar with grandparents, which made some FCOC feel that there was nothing that belonged to just them or their family anymore. This consistent narrative of the foster child taking over every situation seemed to grate on the FCOC, causing more distress and jealousy. Despite understanding that such demands for attention are part of fostering, FCOC felt overwhelmed by always needing to come second.

"Yeah, just it seems like every conversation [is about the foster child... even um, on my birthday [s/he] doesn't like the attention on anyone else, and I think - yeah, that's part of [their] development problems. So, when - I haven't spent much time with my family in the last two years, and on my birthday we - [s/he] just wanted all the attention on [them] and that's really frustrating, because I take it - yeah, Sunday to Saturday every other day, and I thought maybe just two hours on my birthday it could - yeah."
(P2.0.20)

All participants had foster children younger than themselves which buffered some of the animosity, as this meant they could find time when they went to bed early to spend with their parents, though this time reduced as the foster children became older. Heidburrt (1995) and Sutton and Stack (2013) noted that open communication was vital for parent-child dynamics, and the FCOC all mentioned that communication and making time for each other was highly important. Some FCOC utilised this at the time, whereas others could reflect that in hindsight, the lack of this was what caused tension between them and their parents.

Um, and so that's probably my biggest regret in the whole situation, was not being able to, you know, okay Dad's giving us time now, or Mum and Dad are giving us time now - let's make the most of it." (P3.1.23)

These stories suggest that to take pressure off the FCOC, allowing them to have more of a typical childhood, providing them with opportunities to be selfish without guilt in their relationships would be beneficial. Enabling FCOC to spend time regularly with their parents, where the primary focus can be on that parent-child relationship rather than fostering, would likely reduce frustration felt and strengthen familial bonds. Strengthening these relationships can only improve the dynamic between the foster child and the family as it would reduce stress and provide a more supportive environment for all. Therefore, agencies and families taking the time to plan respite care or family of origin time would be a helpful strategy within placements.

'Foster Children are Active Agents'. Throughout the interviews the participants referred to the foster children as active agents regarding their behaviour in the home and community. The foster children were constructed in these narratives as being 'street smart', manipulative and conscious of their interactions with others.

"One of the [foster children] ... was just all over me straight away... and that just quite upset me because I knew that [s/he] was just doing what [s/he] knew how to do, if that makes sense - to make me like [them]." (P4.0.24)

"[The] more comfortable that [foster child] got, the more difficult [s/he] became - the more [s/he] was like, 'okay how far can I push these boundaries?' Because, even though [s/he's] mentally impaired... [s/he's] incredibly intelligent with how [s/he] can play people. So, from the standing where I stood, I could see how [s/he] was playing my parents against each other, and playing me and [sibling] against each other,

playing me and my dad in particular against each other, and that - that was, yeah probably the most difficult part.” (P3.1.23)

Though the one FCOC acknowledged that the foster child had an intellectual disability, the following statement suggested that they did not fully comprehend how this, and exposure to trauma, may affect the way that a foster child thinks. The child P3.1.23 talked about had reactive attachment disorder which commonly is associated with foster children attempting to disrupt any close relationships to maintain the equilibrium they are accustomed to where they can only rely on themselves (Cain, 2006). For that child ‘playing family members against each other’ could have been an adaptive coping mechanism enabling them to feel a sense of control over relationships and attention.

One participant recounted how, of the two foster siblings staying long-term with the family, one decided to return to their biological mother and the other chose to stay with the foster family. Before they were offered contact with their mother, they had both been experiencing success in school and within the foster home. One child refused the contact, but the other accepted and would return fortnightly with gifts that had been used to persuade the child to return to their mother.

“[S/he] almost flicked the switch in [their] brain to go back; ‘I want to go back to mum - I want to go back to my mum’ ... Then it all started going downhill from there... [by] the time where [s/he] was 16 or 17 [s/he] was like, ‘I’m going to leave home to go to my Mum – either.... I’m going to keep running away or you can let me know, we can say our peace and we can call it’. So, we were like, ‘okay if that’s what you want to do, then that’s what you want to do’. So, [foster child] went and said goodbye to everyone. We gave the same option [to the other foster child] we’re like, ‘look [foster child] you can go with your mum if you like.’ [S/he] was like, ‘no I want to stay here - I want to stay here.’ So, [the first foster child] ended up going to [their] mum’s, ... and now

[s/he's] addicted to drugs. [S/he's] a little shit... and [the second] stayed. [S/he's] actually excelled... just got [their] restricted licence last week" (P.1.1.23)

Both the FCOC and their parents in this situation were clear in believing that the foster child had the opportunity to decide and that once that decision was made they needed to accept the consequences.

Viewing foster children as having agency and their behaviour as wholly intentional was common across all narratives. Even though they expressed empathy for the children's situations and some understanding of why they made such choices, there was a common theme that the foster children could have made better decisions and chosen the 'right' path.

"As [the foster child] got older, the behaviour started to change... [s/he] has [their] own issues and then [s/he] also has um, teenage hormonal issues, all linked into one... it's really tough for my family ...So school is very difficult for [them], and [s/he] has the tendency to bunk or just give up or, you know, can't be bothered, because it is so hard for [them] to learn." (P2.0.20)

Such representations are understandable, particularly as the participants were reflecting on memories made when they were teenagers, a time of egocentrism and believing others think and experience situations the same way they do. This explanation is made more likely by the fact that one participant started fostering as an older teenager and seemed to have more understanding than the others of the foster child's motivation for clingy behaviour. It is also possible that due to the FCOC coming from loving, privileged backgrounds, they were unable to truly understand the motivations of a child that had experienced substantial abuse.

Children in care have experienced a range of maltreatment, attachment issues and disabilities and as such many of their behaviours act as a conditioned response to a harmful environment, learned behaviour from social modelling, and survival tactics. Such behaviour is often extremely complex; therefore, the foster child is not always consciously deciding to engage

in each of their behaviours and such learned coping mechanisms will take time to adjust even with a loving and nurturing environment.

McDonald (2011) discovered that negative expectations of foster child behaviour act cyclically as a self-fulfilling prophecy. This may be similar with FCOC as they expect the child to be difficult and thus react in a way that limits the foster child's opportunities to behave in a positive manner, further reinforcing their negative beliefs about foster children. Such a cycle is exacerbated by the belief that a foster child could change their negative behaviour, but that they actively choose to 'be bad' as some FCOC recounted. This view is not only impairing the foster child's behaviour but also affects the FCOC/foster child relationship, as it is difficult to forgive offences that are viewed as intentional. Though foster child agency is important to guide and nurture, it may be beneficial for FCOC to be educated alongside their parents on why foster children have certain responses and what they can do when they occur. Such education would need to be presented in a developmentally appropriate way, but it could promote greater empathy and understanding for the foster children and thus improve perceptions and relationships between them. Social stories could be an effective tool for this.

'Foster Agencies Still Have Work to Do'. Fostering by nature requires the blurring of boundaries between the private and public sphere (Nutt, 2006). Some participants had tenuous relationships with the care agencies, whereas others were less interested. During the initial stages of fostering, some participants commented that there was very little information provided by the agency about the foster child prior to their arrival, an experience consistent with previous FCOC and carer reports (Martin, 1993; Poland & Groze, 1993; Targowska et al. 2015; Nel, 2014; Roche & Noble-Carr, 2017). Three of the four participants reported that the plan was initially for the family to begin respite care and be eased into working with

foster children, but that they were required to take on a child for an undetermined length of time in a rushed process.

“So they signed up for respite, and then um, we got a phone call saying that there was an urgent situation for a [young foster child] who needs to be pulled out straight away, and they said it was going to be for a month. We said, okay of course we’ll take [them]... it was going to be six months, and now it’s been 11 years.” (P2.0.20).

“The way that we were always told that it would be is that it... we’d kind of be eased into it... we’d have a foster child for - for a weekend. You know, just the respite care, just to see how the family goes, and all that kind of stuff, and then Mum and Dad um - I think they had just started like their first week out of like four weeks of training or something like that, to become a foster parent, and they got a call-up saying, we urgently need you to take on a [young foster child] now full-time.” (P3.1.23)

“Mum and Dad did it slightly - they were more doing respite care so it wasn’t... meant to start out long-term. [Initially] we just had a couple of [children] come for the weekend every now and then, and then we had one [child], and [they] came for like a year, and then we’ve had another [child], and [they] started out only being a year, but that’s looking like it’s going to be long-term now. (P4.0.24)

The families tended to receive little notice and preparation for the coming of these foster children who would have a significant impact upon the family life. The FCOC also felt that their parents felt pressured to take on children before they were ready, or continue care for children that were not a good fit with the family.

“Of course, if my parents weren’t happy with them, they wanted to try to convince them otherwise to keep them just for a little bit longer; all that sort of thing.” (P1.1.23)

This is not an uncommon experience, as social workers and agencies will often be aware of how valuable effective and nurturing carers are and wish to utilise them (Nutt, 2006). The

social context of most care and protection services having a greater proportion of foster children in comparison to willing and competent carers often increases the likelihood of such experiences. The risk of doing such is that families may feel frustrated when they provide such care, but still have their opinions of what happens to the children in their home overlooked.

Contact visits were difficult for some FCOC and carers, much like the experiences of those in Sinclair, Wilson and Gibbs' (2005) and Hojer's (2007) studies. One participant stated that the family had expressed to Child Youth and Family that such visits were a bad idea, and the FCOC still attributes these visits to the loss of one foster child they considered a sibling.

"He's doing real bad stuff now, and we said to CYFS; it's going to get bad don't let him get in contact with her [bio mum] - it's just going to go down. It never happened, so now he's bad; he's a little bad arse now - thinks he's a little gangster." (P1.1.23)

This was one example of how many participants felt that their concerns were left unheard by the social workers. For another FCOC, contact visits were intimidating and required them to be an emotional support for their mother.

"I've met [their] parents a few times, and they're really scary. [S/he] legally had to see them through access um, I think every six weeks ...it was always with a social worker in a supervised area, but I just think for my mum, because I think my mum found her mother quite scary, too so um, yeah if - we've changed a lot of social workers. I think my [foster sibling's] had 16 since... so I think, yeah I went just to support my mum, because it's stability and someone to talk to while my [sibling is] talking to her mother." (P2.0.20)

The FCOC had received no training, certainly not around functioning as an active support for their parents. However, due to high change over amongst social workers and a FCOC's role

as a contributing member of the family, supporting their parents in the bureaucratic tasks was often a role that FCOC took on. Their affection for their parents and drive to protect them caused some FCOC to put aside their own fears to take on responsibilities that are not always recognised by agencies.

As mentioned in the literature review, FCOC have little to no involvement with social workers and this interaction typically occurs in passing when the social worker visits the home to check on the foster child (Martin, 1993; Part, 1993; Twigg & Swan, 2007; Thompson & McPherson, 2011; Hojer et al 2013; Serbinski & Shlonsky, 2014). Most of the participants in this study acknowledged that the fostering agency was striving to provide support for their parents, through respite or support groups, but that this still required further improvement.

“I think the social worker would contact my parents and see how things are going with them, and how’s things. As for me, they didn’t do anything really, to be fair. They spoke, but I don’t know if that was because I said I didn’t want to get involved, or anything like that, but I kind of kept out of that side of things.” (P1.1.23)

“I would have liked to have ... more respite for my parents, and actually have more control from [Fostering Agency in organising that respite] ... more support for Mum and Dad as well, whether it be just having somebody to talk to or - or whatnot, because everything was always focussed around [foster child]; how - you know, ‘what can you guys do better for [them]’ - what can be done for [her]. But, instead; well actually what can we do for [foster carers]?” (P3.1.23)

“Sometimes we’d only have respite like once a year um, and that’s quite tough, but also for - not just for us to have a break, but for [foster child] to have a break as well. So yeah, um the respite has increased this year.... So, um yeah this year’s a lot better...” (P.2.0.20)

One positive indicator is that the fostering agency used by three of the participants seems to be listening to such feedback and providing the respite and group support for the carers.

“Mum has felt so supported through [the agency] ... they have a social worker for Mum and Dad, and a social worker for the child, but the social workers are always touching base with Mum and Dad, and seeing what they need and, like, Mum can't really take time off during school holidays, so they're really good at organising stuff like that. (P4.0.24).

“I think it was a bit hard to know who to call for help and yeah, we kind of just - she was just like part of our family because we didn't really use those resources (P.2.0.20)

The FCOC whose family started fostering more recently had exclusively positive feedback about the organisation, whereas another noted that recently respite had at least improved. The fourth participant seemed to think their family required minimal support, but this may have been due to their initial lack of involvement in the process.

The participants seemed more concerned about their parents receiving adequate support than themselves. However, they did have some recommendations for the future that may have benefitted them at the time.

“Like, we turned out okay [laugh] I guess um, but yeah if we had somebody - well, you know, kind of like a support system in the background, because Mum and Dad had their hands full, that kind of would have been - I feel would have been quite beneficial...I say that now and like, 16 year old me would have hated it, but... in hindsight it's probably - I feel that would have been a bit better - bit more support for the actual family - not just for [her]. Even just - yeah okay, hey look we've managed to secure some movie tickets for you guys - you guys go to the movies. Or, you not counselling or anything, but you know, kind of like a therapy kind of thing like, how are you coping with this? Just a bit of a check-up, like - we never got checked up as to how we were going.” (P3.1.23)

These suggestions are consistent with those previously mentioned by FCOC in other studies; asking for more information to be provided and support that focuses less on the negatives of care and more on FCOC having fun with peers that they can share experiences with (Poland & Groze, 1993; Noble-Carr et al. 2014; Roche & Noble-Carr, 2017). Some agencies are already providing services such as optional trainings and casual check ins, but they may benefit from providing information before FCOC start the fostering process, and from establishing a peer network of FCOC within their organisation.

“I remember when I was living at home, they would have meetings to see how we were all going, and stuff like that. A social worker would come over... and just touch base, just in a wee meeting - casual, in the lounge. I think there have been seminars that I could have gone to if I wanted to for that kind of stuff.” (P4.0.24)

Despite the trend of improving support, one area is imperative to address that influences FCOC, and that is the fear of allegations. For one FCOC, the only interaction they had with the fostering organization and social workers revolved around an allegation made against them. The fear of allegation often restricts the way that FCOC feel they can act within their own homes (Spears & Cross, 2003; Richardson, 2007).

“I was obviously as a teenager, a bit of frustration, bit of anger, and I said, oh just shoot [them], Dad. Then walked out, and meanwhile [they] went straight to a social worker and said, oh [Participant] wants to shoot me. Um, so the police got involved, and the lawyers got involved and everything... Which was - they knew that it wasn't - ah, wasn't true, but they still - it's still kind of like, okay well you need to just watch you say around [them], as opposed to, how about - what caused you to say that? And still that kind of makes sense. Yeah, there was nothing kind of - it was just kind of like a big joke um, which yeah it still to this day is kind of like...” (P3.1.23).

In this case, the rights of the participant to feel heard and supported were secondary to the bureaucratic process. Despite the workers involved understanding the situation was just words said in frustration, that were treated as a joke, the participant had to experience a process that was uncomfortable and anxiety provoking for a throwaway comment. The rights of the foster child to feel safe and heard were paramount, whereas those for the participant were almost non-existent. This shows a gap in the process that is potentially quite damaging for FCOC and would be remedied by having a discussion around why that FCOC said such a thing and how they could be supported in overcoming such difficulties. The demand for support from social workers around allegations is not novel, as Murray, Tarren-Sweeney and France's (2011) carers made similar comments. Fear of allegations constricts the normalcy of family life that foster care is supposed to provide for children, therefore alleviating some of this anxiety through support may improve placement breakdown rates and make everyone in the home feel more comfortable.

Though permanency in care is not assured, this is another area that fostering agencies can address to improve the levels of stress and difficulty for FCOC. The lack of permanency in care was difficult for some of the FCOC, as they had no control over the comings and goings within their own home. Research has shown that FCOC often feel underprepared for a foster child's departure and distressed when they were unable to say goodbye to someone they'd grown attached to (Targowska et al. 2015). The inconsistency for FCOC in this study predominantly contributed to negative feelings about care and the family's ability to actively help the foster children.

"I'm like, well what's the point of getting to know them, or trying, if then he's going to go in a couple of months? Then we had ... another [foster child] come in, but I didn't even talk to [them] - didn't even recognise [them]. I was just like; oh [s/he's] just going to go. Sure enough, [they] did. So at this point I was telling my parents, "see I

told you - you can't change them - they're too messed up - it's just not going to work"...I was almost convincing them to stop, because they were having doubt in themselves going, "actually maybe you are right - we can't actually do this". (P1.1.23)

Two of the participants had only experienced one long-term placement, with the foster child currently aging out of the system, and the other two FCOC had experienced a few short-term placements before their current long-term foster child. When asked about placement cessation, the FCOC's responses were consistent with those within previous research, as they tended to feel relief when particularly difficult placements ended and loss when they had formed a bond with the foster child (Kaplan, 1988; Diepstra, 2007; Younes & Harp, 2007; Sutton & Stack, 2013; Nel, 2014; Noble-Carr et al. 2014).

"Um, my dad is really excited. He - yeah, he's definitely had enough. I think that mentally he's so had enough that it's kind of affecting a lot of his ways of thinking towards her now, if that makes sense. Yeah, so when you kind of have had enough of one person, everything they do annoys you, whether it's - yeah, anything about them annoys you. So, I think yeah, he's really had enough and my Mum - yeah, I think she's had enough, too but they won't settle until [foster child is] somewhere safe and supported, so yeah." (P2.0.20).

Having the supports in place to transition foster families from one dynamic to another would be beneficial for relieving the stresses of placement ending. Support and clear information throughout the transition into independence may encourage foster families to function as a typical family, where they provide supportive and nurturing relationships for that child throughout their adult life as they would biological members of the family system.

'Carers Deserve Better'. Consistent with the existing literature and a key theme throughout the other shared stories is the criticism made of fostering by FCOC that they did not like seeing how it upset and stressed it made their parents (Part, 1993; Watson & Jones,

2002; Spears & Cross, 2003; Younes & Harp, 2007; Nuske, 2010; Sutton & Stack, 2013; Barter & Lutman, 2015). All the participants were significantly older than the foster children they cared for, with the closest age difference being four years. Therefore, though this may have alleviated some conflict between FCOC and foster children, for three of the participants there was a concern that their parents were unable to enjoy the freedom that came with a more adult relationship with their children.

“Obviously when you have teenagers you have a little bit more freedom. I’d say with [foster child] the full care - it took a lot more out on Mum, and I think I could see a little bit of struggle there of giving up that freedom.” (P4.0.24)

“To be frank, it kind of peeves me off immensely...they both worked their absolute butts off their entire lives, to have the life and everything that they could have provided for us, and I kind of - I want to see them now enjoy it. They’ve given up so much for us, I want to see them actually enjoy life now...” (P3.1.23)

Even when FCOC reported that carers were feeling the strain and questioning whether their input with the foster child was benefitting anyone in the home, they were unable to end the commitment. For one FCOC their parents were unable to even speak of the possibility of ending care without getting upset, and for others their parents were encouraged by social workers to persevere. This led to some of the FCOC feeling that, despite their parents being generous and compassionate, they were unable to take care of themselves after providing so much for the foster children. This seemed to give FCOC great cause for concern, as did the emotional burden of watching their parents strive so hard to help these vulnerable children to only have it disregarded when placements broke down.

“Mum was heartbroken, because she’s like, ‘oh I’ve almost raised you to be such a good child and then you’ve gone and thrown all that away just to be with your mum’”.
(P1.1.23)

This concern for their parents often led to resentment for the FCOC particularly towards the foster child for their difficult behaviour and the foster child's parents for maltreating the foster children and contributing to the cycle.

“Obviously, these kids have got some issues and they're working through that, and so they're [carers] often a little bit more frayed – a bit more stressed as well. So, I guess just being around, you kind of bear the brunt of that a little bit” ... “They are left with a [child] who has been damaged and has been hurt, so they're [carers] the ones who are rectifying other people's mistakes, and yeah I think that takes a toll. (P4.0.24)

“The more difficult she became, the more I started to resent the decision a little bit more, and kind of like; well why - why are we doing this - can Mum and Dad - it's not fair to see my parents be put through this.” (P3.1.23)

One participant commented that the stress of fostering was causing conflict between their parents, to the extent that they voiced concerns about their relationship. They stated that they had always viewed themselves as lucky when watching friends' parents divorce, and though they did not fear that now necessarily, they empathised with concern over tension in the parental relationship.

However, despite their anguish over their parents' wellbeing, the FCOC found that they were completely in awe of their parents' decision to foster. This act of altruism, perseverance and use of parenting strategies only increased the admiration FCOC had for their parents.

“[foster child is] not a dream to have around, so I admire them putting aside their own wants so that [they] wouldn't have to go to another home. Yeah, I admire it. I admire their commitment to it.” (P4.0.24).

This admiration in contrast with the criticism of the fostering experience may be a contributing factor to the difficulty I had recruiting, as FCOC gave the impression that they were extremely reluctant to come across as criticising their parents' decisions to foster and

the sacrifices they had made. FCOC were fiercely protective of their parents, as evidenced by their praise of the social support their parents received from church groups, and their disdain for the judgement carers received from society. Social support was presented as crucial for the carers' wellbeing.

"Lots of different people in the church have always been really supportive...there's lots of different kinds of people, maybe like psychiatrists or lawyers or yeah, teachers; lots of them would kind of see that [s/he] needed a bit more attention. (P2.0.20)

One family had close family friends that supported them through transitions but this friendship dissolved over fostering.

"The mother of that family was actually a [FCOC] like myself... she warned Mum and Dad to just don't do it, because her parents had been burned so many times by foster children and all that kind of stuff, and so she gave her two cents worth, and Mum being the lovely lady that she is, puts her back up the wall, and so that friendship actually broke right off." (P3.1.23)

This was a continued pattern with friendships where over the years the more difficult the foster child's behaviour became with age the less contact the carers had with their friends and social groups.

"So the support, I guess you could say actually got less and less and less, as [foster child] got older, when they probably needed it more, if that makes sense." (P3.1.23)

McDonald (2011) found that NZ foster carers did not feel supported or understood by members of the public, feeling judged by society and believing that other carers are the only ones who can empathise. Thus, support groups for carers and also for FCOC may be the only place where they may find supportive peers that can empathise with their experience.

"People do judge. When we take them to barbecues and stuff like that, they will judge you because you have a foster child. They don't treat them like any other - I guess it

depends on the people, but you go to high school and then they know that you've got a foster [sibling] from a bad background, and they look at you differently. When we first started doing it, people would talk to us differently. Our friends would treat us differently because they thought it was strange because we had a foster child. That's probably the worst thing - just being in the environment with them.” (P1.1.23)

In order to support carers and FCOC it may be beneficial to utilise public perception campaigns that strive to educate society about the reality of foster care in regard to demystifying some negative stereotypes, for example that foster children are ‘bad kids’ that should be kept away from others, or that carers only foster for the money. These perceptions are also held by the FCOC, as they view foster children as active agents and one FCOC mentioned that some carers foster for financial gain. These perceptions are systemic and most likely influence the difficulty with recruiting quality caregivers. With the Vulnerable Children’s Ministry coming into place in April 2017, this provide an opportunity to better educate the public on the role that fostering provides for children in society and promote better understanding and thus less fear of foster children. The fear of stigma and loss of image impacts the motivation of carers that have chosen to foster, therefore it stands to reason that negative societal views will impact the motivations of potential carers too (Nutt, 2006).

‘Fostering is Not My Future.’ Though all the FCOC could see the benefits of providing care and applauded their parents’ commitment to fostering, none of them wanted to choose such a commitment for themselves in the future. A common reasoning behind this for all four participants was that fostering is challenging and requires a lot of energy, patience, sacrifice and selflessness for the family.

“It’s completely switched me off fostering... it’s worthwhile for the child, but it’s not - you’d need to really be secure in your family, and really um, you know, make sure

that the time is evenly - evenly spread out... so that all the focus and energy and time is not on just the foster child” (P3.1.23)

“I personally would never foster, which I know is quite sad, because I know there’s a desperate need for it, but I don’t think I could do it again... it’s been more than we ever bargained for..., yeah it just...tests [you] as a person... I don’t think I’m built for it, and I don’t really want to put my children through ... it’s just you have to be extremely selfless all the time, and very patient” (P2.0.20)

Two participants were less rigid in their views on fostering in the future, however they both suggested they would foster only if certain conditions were met. One of them would foster if they were unable to have their own children, but even then:

“I’d probably be pretty selective on who it was and what I could manage, and stuff like that.” (P1.1.23)

Similarly, the other participant suggested they would consider fostering, before jokingly correcting their statement, seeming to realise they’d said what would be perceived as the ‘right’ answer rather than reflecting how they genuinely felt.

“I probably wouldn’t to be honest...it doesn’t strike me as something I want to do... Just the commitment of it is just overwhelming. It’s not something I take lightly. If I were to do it I’d want to do it right and properly and long-term... I guess maybe that’s from seeing the sacrifices that my parents have made...” (P4.0.24)

These comments are consistent with the literature that FCOC would predominantly prefer not to foster, and that those who did were quick to clarify that they would not foster whilst they had their own children living at home (Poland & Groze, 1993; Watson & Jones, 2002; Spears & Cross, 2003; Nel, 2014). Such conditions suggest that, despite acknowledging the advantages of fostering, many FCOC would not want their own children to have the same childhood experiences as themselves. Given the previous narratives this is understandable as

though FCOC felt that they became more selfless, empathetic people through the experience it was nonetheless stressful, demanding and had them continuously worrying about their parents. Unless something is done to improve the experience for FCOC, agencies will continue to find recruiting willing and competent carers difficult. Considering that many carers are recruited through hearing of fostering experiences from other carers, this is potentially a group of people that would deter someone from making that decision. Additionally, if FCOC are trained and supported as an integral part of the fostering family, it is more likely that they will feel competent rather than overwhelmed and perceive fostering more positively. If FCOC found the experience more beneficial to their own lives they would be much more likely to foster as adults and would have years of experience to aid their work with foster children.

Key Narrative Performances

The ‘Objecting’ Role. The two male participants took on an attitude of not wanting to be involved in the fostering process, being critical of whether the foster children could change their difficult behaviours. They objected, either initially or eventually, to their role as part of the foster team. The one participant noted they interacted as minimally as possible with the first few foster children, only developing a relationship with two of them once the placement became long term. The other participant had difficult interactions with the foster child and thus found ways to avoid them and the conflict that arose in the home due to their objections.

“For me particularly kind of led me to work a lot more, so I got a job and just started working and working and working, and that was my outlet, in a sense. It’s a real unhealthy outlet, but that was my outlet. Um, and then [my sibling] studied and studied... what I believe was to be [their] kind of outlet, was; oh okay, I’m going to go

and do my own adult thing now. So yeah, that - that probably was the biggest thing, was just limiting what Mum and Dad could do with [my sibling] and I as we got older, because of having [foster child]. (P3.1.23)

“I was probably quite arrogant, going; right that’s it – [s/he’s] left - that’s it - I’m not talking to [them] - not getting involved with [them] anymore. I probably felt quite sad, as well in respect that I’ve lost a friend and a [sibling], and [s/he’s] gone back to [their] old ways. Yeah, I felt sad, but also felt kind of angry, going ‘look we’ve done all this for you and then you’ve just gone and thrown it away. I felt quite angry.’” (P1.1.23)

This role enacted by FCOC closely relates to the coping mechanisms of physically and emotionally withdrawing, and isolating themselves from the family in Nuske (2010), Poland and Groze (1993) and Younes and Harp’s (2007) studies. Like the participants in those studies, this performance was a predominantly male role. This is possibly due to societal pressure for young men to think of themselves as individuals and to perceive expressions of emotional difficulty as weakness. Therefore, when the environment at home changed or was turbulent it was easier for these FCOC to withdraw and appear critical, rather than hurt. This could also be because, whilst female FCOC typically have a nurturing role, this is less commonly a role performed by males, therefore this alternative ‘objecting’ role of withdrawal, isolation and criticism is the one available for male participants to fill. Two participants were aware of the role discrepancy as one commented that within his family there was more of an expectation from their parents for him to take care of himself, and for his sister to help with the foster child. Another participant noted that her brother withdrew from the family and objected to situations that arose, and commented that perhaps this was because of his gender.

The ‘Parental Child’ Role. Consistent with previous research, FCOC took on a parental child role where they took responsibility for the foster child and were required to be

more mature than their peers to handle such a task (Kaplan, 1988; Reed, 1994, 1996; Watson & Jones, 2002; Sutton & Stack, 2013). Another commonality with previous literature was that this role was predominantly enacted by the female participants, which may be due to the gendered social pattern of women taking the primary caregiver role (Heidburtt, 1995; Twigg, 1995).

“I wouldn’t say I had a massive role, but I definitely did contribute... if I was just chilling at home, being willing to just sit with them, chill in front of the TV, hang out with him for a little bit...Picking up extra babysitting duties - um just helping out with that kind of stuff – just extra support I guess, just with small things.” (P4.0.24)

The parental role was performed not only to fulfil their role as supportive and contributing members of the family but also functioned to alleviate their concern for their parents. By taking on more responsibility with the foster children FCOC provided an additional source of care even when foster carers could not be present. To a degree this role and their contribution to the foster child’s growth was also utilised to justify the difficulties that they went through, as it gave them a sense of control and agency.

“Mum would finish around 4:30, so I would have to walk home with [them] every day, and give [them] some snacks, and yeah take [them] to school every day, and - yeah, so I was always pretty responsible for [them] during school hours...I definitely felt like I needed to step up and help Mum and Dad where um, they needed it, because they were so passionate about this call. So I wanted to like support them, even at a young age... I’d do it real willingly [attending contact visits with mother], because my mum’s done so much for me. So yeah, I um, was a pretty sick child, so um, she’s always been there for me, and so growing up, especially now I’m a bit older, I do it with no hesitation.”

“I did go overseas ...I noticed that when I was away it was really hard for my parents ... so I feel like, since I’ve been back I’ve tried to kind of help [the foster child] make

better choices, but um, yeah this year's not really working so well. [S/he's] struggling in school a lot, and skipping a lot, and making bad choices, but yeah [s/he's a teenager], so I can't really change [their] mind, yeah." (P2.0.20)

The performance for this FCOC was particularly salient to their story, how they perceived themselves and how they perceived others. Due to relying on this parental role for their own concept of self, the participant was critical of their sibling who took a more 'hands off' approach and experienced a poor fit with the foster child. However, the FCOC believed that this was due to his gender making it more difficult for him to fit into the same role.

The difficulty with the parental child role is that often FCOC overlook the fact that they themselves were children and not the responsible carers for the foster child (Diepstra, 2007; Richardson, 2007; Nuske, 2010). The FCOC who went overseas seemed to feel guilty about leaving their parents alone to care for the child, because they became such an integral part of the foster care team. Such narrative performances and the existing literature suggest that regardless of whether care agencies acknowledge it, many FCOC also 'foster' the child. Therefore, it is imperative that, just as supports are put into place for foster carers, so too should they be utilised for FCOC.

The 'Good Person' Role. Of all the narratives presented across the four interviews, by far the most consistent and stark was the performance of the 'Good Person' role. This can be seen throughout the previous excerpts presented in the findings, and appeared to be a completely subconscious key narrative. Every time a participant made a comment that they perceived to be negative or not the 'right' answer, they would follow it with a qualifier, or they would juxtapose a serious statement with laughter. The function of these defence mechanisms was to convince the interviewer that they weren't trying to be negative about care, and particularly that they were trying extremely hard not to undermine their parents' decision to foster. It was clear from the way each participant softened their speech and had a

look of awe on their faces when talking about their parent's sacrifices that they greatly loved and appreciated their parents. The last thing any participant seemed to want was to hurt their parents, which is the likely cause of the difficulty with recruiting young adult FCOC.

However, each of them was also motivated to share their experience for the study, and this seemed to be with the aim of creating an awareness of how difficult fostering can be for FCOC.

Social Construction

Narrative analysis and the attention to the construction of participants' stories allows for insight into why FCOC from very similar (and the exact same, for siblings) backgrounds can have completely different experiences. Everyone navigates their own path within society that is influenced by their age, gender, social status, faith, family history, education and so on. For the participants in this study, they primarily came from homogenous backgrounds, where they were well educated, of high socio-economic status and from primarily Christian backgrounds. This motivated their parents' decisions to foster, as the family was constructed as being of privilege and thus able to provide a better life for children who are not due to maltreatment. For most participants, their faith was a strong source of support during times of distress and a motivating factor for fostering. Being a contributing and altruistic member of society was central to the way they perceived themselves. For those who were younger when they began fostering the transition to caring was more difficult than older participants who had already identified their own place in the family and to an extent the world around them. Therefore, it is important to note that the findings of this study do not generalise to FCOC of every background or even other FCOC from the same backgrounds. The sibling participants had entirely different perceptions about foster care on most topics, apart from their concern for their parents and the comments that fostering is a demanding path. The two female

participants shared their experience of role, but due to age differences at commencement at fostering one found the role more demanding than the other. The subtle differences in social situation have as much effect as do the similarities, explaining why FCOC can have comparative experience.

Strengths and Limitations

Four participants were recruited, and as this was such a small, convenience sample the findings cannot be generalized to FCOC as a group. However, using such a small sample allowed time for a more in depth analysis that not only noted the content of the narratives but the subtlety of speech, body language and contradictions. Direct quotes from the participants were used to provide evidence for the analyses, to provide transparency and allow the reader to determine their own perspective of the narrative. One weakness within this transparency is the edited words such as 's/he' 'their' 'foster child' etc. which disrupt the participants' original narrative flow. These edits nevertheless were necessary to protect the confidentiality of the participants and the foster children in their lives, as the remaining narrative combined with such details would make it potentially possible for someone who knows the family to discern which statements belong to a participant. Foster care is a sensitive topic, and this study delves not only into what the participants' say but how they say it and the underlying construction of their performance. Therefore, if a participant disagreed with my presentation of their story, they could feel their consent and valuable contribution was disrespected.

A strength of this study that I endeavoured to ensure was reflexivity of my role within the construction and delivery of the interview's narratives. This not only strengthens the validity of the findings, but increases their trustworthiness. The human error of interviewing participants and having my own thoughts and reactions to their story means that the findings and interpretation may be biased by my own position in society. However, by rigorously

reading and re-reading the interviews, striving for transparency and reflexivity, and having experience interviewing for my professional course I believe that the findings are a fair representation of the participants' narratives.

The chief asset of this study is its provision of an additional layer of understanding of content that has been presented in previous literature. The findings were like those presented in the themes from the literature review, but the subtle structure and nuanced positioning of active and passive agents is something that to my knowledge has not been previously addressed.

Comparison with Previous Research

The findings from this study are largely consistent with the previous research, from the presence of a parental child role to the coping mechanisms of early maturation, isolation and withdrawal utilised by participants. FCOC had similar experiences with social workers and state influence on family life to those in previous studies, such as fear of allegations (Wilkes, 1974; Martin, 1993; Part, 1993; Watson & Jones, 2002; Spears & Cross, 2003; Nuske, 2006; Richardson, 2007; Twigg & Swan, 2007). Much like the existing literature, these findings note that censure from neighbours, family and peers was a difficult experience for the foster family and that due to this their social supports changed out of necessity (Martin, 1993; Reed, 1994; Spears & Cross, 2003; Noble-Carr et al. 2014). There were comparable negatives of care such as managing behavioural difficulties and foster children's treatment of carers (Martin, 1993; Part, 1993; Heidburrt, 1995; Watson & Jones, 2002; Spears & Cross, 2003; Younes & Harp, 2007; Nuske, 2010; Sutton & Stack, 2013; Nel, 2014; Barter & Lutman, 2015; Targowska et al. 2015). There were also comparable positives of care such as growing into more mature, empathetic and adaptable young adults (Pugh, 1996;

Spears & Cross, 2003; Richardson, 2007; Younes & Harp, 2007; Sutton & Stack, 2013; Noble-Carr et al. 2014; Targowska et al. 2015).

There were some subtle differences between this study and previous research as none of the FCOC noticed a change in parenting strategies that was found by Wilkes (1974) or Thompson and colleagues (2014). Additionally, aside from one participant's account of conflict, none of the FCOC in this study reported a loss of closeness with their parents which was present in Twigg (2004), Diepstra (2007) and Thompson and colleagues' (2014) studies. In contrast with Nel's (2014) study, participants did not voice feeling that they were involved in the decision to foster, but that rather they did not want to get in the way of their parents' decision similar to FCOC in Targowska and colleagues (2015) and Wilke's (1974) research.

This study largely confirms what is already reported about FCOC's experiences, but one addition to the literature is the understanding of agency and its role for FCOC and how they perceive foster children. A narrative approach has led to the subtle understanding that FCOC's perception of their own agency within the family can impact how positively or negatively they recount their experience. This perception of agency can also influence their resentment or understanding of the foster children, as the FCOC tended to be more critical of relationships where they believed the foster child was intentionally causing conflict or distress.

Implications and Recommendations

From the findings and previous discussion, despite the benefits of fostering and the FCOCs' prodigious support for their parents, fostering was a challenging experience for them. Though none of them wanted to be perceived as critical of fostering, or at least their parents' commitment to fostering, it was evident that they would not wish to provide the same experience for their children. These unconvinced opinions, and the fear of having their

life course questioned, may very well be the reason why 15 months and a change in participant age group were required for recruitment. The initial recruitment phase is likely to have been even more difficult because the children were still living in the family homes, therefore the possibility of being confronted with the negative consequences of their choices whilst still fostering is likely to have been aversive to foster carers.

Fostering functions to provide children with a 'normal' family life but is part of a system that interferes with this family life in a way that can limit its ability to provide a nurturing environment (Twigg & Swan, 2007). With the Children, Young Persons and Their Families Act (1989) and the United Nations Convention on the Rights of the Child there is a focus on the rights of the foster child and how best agencies can support this as seen with contact visits and the process for allegations. However, there is a large contrast between the focus of agencies and government upon the rights of the foster child and their lack of acknowledgement for the rights of FCOC. FCOC's needs, wants and childhoods come second to the foster child's needs for a safe and nurturing home. Though this is understandable, as foster children have often experienced severe maltreatment, this is not an excuse to completely disregard FCOC's right to normal development and nurturing childhood. Though parents often make decisions on behalf of their children, FCOC's voices still deserve a safe space to be heard. Foster carers should also be supported in advocating for their own children's needs during times of stress in the foster home. The demanding nature of foster children's needs may require they receive more attention than FCOC, but there should still be some time set aside to enable FCOC to feel they have access to their parents without feeling that they are adding to carers' workloads. Regarding allegations, they are one of the most stressful elements for FCOC (Spears & Cross, 2003; Richardson, 2007). Therefore, it is important that foster agencies provide support for the FCOC during this time and ensure that their rights and needs are also prioritised during this process.

Enabling FCOC to feel more involved in the decision to foster, particularly the preparation for the foster child's arrival will enable them to feel more control and agency over their situation. This will also promote buy-in for the process of fostering and by providing FCOC with an acknowledged role in the team may make them more receptive to having a strange child in their home. This role should not be forced upon them, as they should be allowed to take the objecting role if they wish, but providing a clear role for them may make this option redundant for those who choose it out of defence.

More information provided to the entire family about the individual foster child's needs, behaviours and how to approach working with these will not only better prepare the family for coping, and relieve stress, but will also create more empathy and understanding for FCOC (McDonald, 2011). By providing tools and education about common presentations and their contexts for families in a developmentally appropriate way will better equip carers and FCOC to provide sensitive and appropriate care for foster children. This information need not be overly detailed as covering the necessities, for example, 'Foster child is mean to mum because they are scared she will not love them', can be approached through a social story or conversation and provide enough context for the FCOC to be less afraid of the behaviours and allocate less blame to the foster child. FCOC will have questions with a new child coming into the home regardless of what is provided for them, and having a structured response that enables them to ask questions in a safe space will be beneficial to all involved.

Along similar lines, utilising a public awareness program to demystify what fostering is may reduce social stigmatisation of foster carers, FCOC and foster children. This judgement was an issue for many FCOC in this study. Such a program if done well could improve social support for foster families and provide agencies with more foster carers to recruit.

Support is one of the most essential aspects for foster placement success (Sinclair, 2005). By providing support groups for FCOC that focus around having fun and meeting peers, agencies can provide a support network and a safe place for FCOC to ask questions and share their stories. This also provides a source of respite for FCOC. Support for FCOC and carers could also provide previously mentioned information and training sessions on how to address foster child behaviour, and to facilitate a transition process that enables the family to better adjust at the beginning and cessation of placements.

Future research should delve further into the lives of FCOC as currently our knowledge lacks sufficient breadth and depth. Longitudinal studies that follow them from the beginning of the process until cessation would be one way of approaching this. As would larger case studies involving a more substantial sample, though similar recruitment issues may present.

Conclusions

The stories told within this study are by no means exhaustive of the experiences of foster carers' own children. These narratives are an insight into four individual FCOC's experiences of care. Though their impressions may be predominantly critical of the experience there are many intricate factors that influenced these perceptions that can be improved in the future. Foster carers and FCOC enter fostering with altruistic intentions and give of their time, resources, and compassion when they accept a foster child into their lives. They are a beneficial element within the care and protection system and their contribution should be applauded. They require further support and more consideration within the system, and with such it is possible that in the future they can contribute even more beneficial care to foster children.

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A study on Foster Parents' Own Children

Information Letter

Dear Foster Families,

I am a Child and Family Psychology student currently researching my Master's thesis on the lived and felt experience of Foster Parents' own children. My research aims to give voice to children who are often overlooked within current research on fostering, despite the role that they play within the foster family. In doing this research, I hope to provide professionals with a better understanding of what your families and children experience when you bring a foster child into the home, in the hopes that this can create even better support for foster families in the future.

My study will involve interviews with young adults (aged 18-25) whose parents fostered when they were children, asking them to reflect upon their experience. This interview can be arranged at a time that is convenient for you and in a private and confidential location, preferably at the University of Canterbury (though this can be discussed further if not a viable option). The interview will take approximately an hour and refreshments will be provided.

By participating in my research you will not only have the opportunity to tell your story, but also potentially impact the lives of future foster families.

If you are interested in participating in my research please contact me via email at mas251@uclive.ac.nz or on my mobile 0210489037.

Kind regards,
Morgan Smith

University of Canterbury
Masters of Science
Postgraduate Diploma in Child and Family Psychology



A study on Foster Parents' Own Children

Participant Consent Form

I have been given a full explanation of this project and have had the opportunity to ask questions. I understand what is required of me if I agree to take part in the study.

I understand that participation is voluntary and that I may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.

I understand that any information or opinions I provide will be kept confidential to the researcher and their supervisors and that any published or reported results will not identify my family or me.

I understand that a thesis is a public document and will be available through the University of Canterbury's Library, and that further publication in a book chapter or journal article is possible.

I understand that all data (voice recordings and notes) collected for the study will be kept in locked and secure facilities at the University campus and/or in password protected electronic form and will be destroyed five years after completion of the thesis.

I understand that a third party within the University that is held to the same confidential and ethical standards as the researcher may transcribe the data.

I understand that in sharing my fostering experiences during the interview I may potentially experience some emotional distress. If this is the case, I understand that the researcher will do their best to support me and make me feel comfortable. I understand that I may notify the researcher and/or their supervisor if I feel that this distress is a direct result of the interview.

I understand that I am able to view the transcript from my interview if I wish, and request a copy of the completed thesis.

I understand that I can contact the researcher Morgan Smith via email (mas251@uclive.ac.nz) or phone (0210489037) or her supervisor Michael Tarren-Sweeney (michael.tarren-sweeney@canterbury.ac.nz) for further information.

If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human- ethics@canterbury.ac.nz)

By signing below, I agree to participate in this research project.

Name: _____.

Date: _____.

Signature: _____.

This consent form can either be returned by scan to mas251@uclive.ac.nz or can be handed directly to the researcher during the interview.

Kind regards,
Morgan Smith

A study on Foster Parents' Own Children

Information Sheet



Dear Participant,

I am writing to invite your participation in my study on how foster parents' own children experience foster care. My name is Morgan Smith and I am doing my Masters in Child and Family Psychology at the University of Canterbury. This research project is being carried out as a requirement for my Masters degree under the supervision of Dr. Michael Tarren-Sweeney. The purpose of this research is to explore the complexity of the lived and felt experience of foster parents' own children.

Why is the research being done?

There is currently a lack of research and knowledge on how foster parents' own children experience foster care. The research that does exist suggests that foster parents' own children play a key role within the therapeutic process, and that often foster parents will cite a concern for their own children as an underlying reason for terminating placements. This study aims to delve further into the topic to gain a better understanding of foster parents' own children in New Zealand, in the hopes that the research could be influential in giving a voice to these children, aiding placement outcomes through policy, and promoting more support for parents and their own children.

What will your participation involve?

Your participation will involve an interview with me that will be approximately 40 minutes to an hour long. This time will be used to discuss the consent forms, information sheets, and to answer any questions you may have before starting with the interview questions. The interview will be conducted at the University of Canterbury's Pukemanu centre at Dovedale campus. If you are unable to travel to the centre another confidential location may be arranged depending on circumstances and prior discussion with myself. The interview will be audio recorded so that it can be later transcribed (potentially by the University's transcription services) and you may view the transcription or recording for your own interview if you wish. During any stage of the interview if you feel uncomfortable, please just let me know and we can either take a break or cease the interview at any time. Some light snacks will be provided, so please inform me of any dietary requirements during the interview time arrangement discussions.

Can you refuse to answer some of the interview questions, or withdraw from the study at any time?

Participation is voluntary and you have the right to withdraw at any stage without penalty. If you withdraw, I will remove all information relating to you and your family, provided this is practically achievable. During the interview you have every right to refuse to answer certain questions or cease the interview at any time.

How will the information from the interview be used?

The information provided in the interviews will be transcribed and analyzed to develop a narrative of your experience. This information may be processed through the transcription service at the University, which is held to the same standards of confidentiality as the researchers involved. It will be written as a Master's thesis that, as a public document, will be accessible through the University of Canterbury Library database. You may request a completed copy of the thesis by contacting me. Further publication in a book chapter or journal article is possible.

How will the researcher ensure anonymity and confidentiality?

The interview audio, transcripts and other sensitive data will be kept in a locked file and/or password protected electronic devices. These will then be destroyed five years from the completion of the thesis. Only the researcher will have access to your real identities. No identifying details of yourself, the foster children involved or your family will be included in the transcripts or written thesis. Pseudonyms will be used instead of real names.

Appendix C: Participant Information Sheet

Who do I contact if I have questions regarding the study

Please feel free to contact my supervisor or myself if you have any questions. Our contact details are listed below.

What are the risks and benefits?

Due to the sensitive topic of this study, some information you disclose could bring up upsetting memories and emotions either at the time of the interview or afterwards. Every precaution has been taken to ensure that this study is a pleasant experience for participants but if issues arise due to the interview please feel free to bring this up with my supervisor or myself. I have discussed my research topic with professionals and parents within different foster care related organizations, and they have all expressed a desire for more information on such experiences, particularly as it may help families currently fostering or intending to foster. If you are willing to share your story with me, the information gathered has the potential to help many families and organizations to better understand the needs and wants of foster parents' own children.

If you agree to participate in the study, you will be asked to complete the necessary consent forms. These must be returned by August 31st, 2016 at the latest. These can be returned by:

Scan: mas251@uclive.ac.nz

These may also be returned directly to researcher during the parent interview.

Thank you for considering participation in this study.

Kind regards,
Morgan Smith

Researcher: Morgan Smith (Masters of Child and Family Psychology student)

Phone: 0210489037

Email: mas251@uclive.ac.nz

Supervisor: Dr. Michael Tarren-Sweeney (Associate Professor of Child & Family Psychology & Deputy Head, School of Sciences, University of Canterbury)

Phone: +64 3 364 2987 ext. 7196

Email: Michael.tarren-sweeney@canterbury.ac.nz

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to:

The Chair, Human Ethics Committee,

University of Canterbury,

Private Bag 4800, Christchurch

Email: human-ethics@canterbury.ac.nz

A study on Foster Parents' Own Children

Semi-structured Participant Interview [DRAFT]



Note: *The following is a rough structure for the interviews. These questions may or may not be used, and will be altered to suit each individual, as their experiences are all unique. Some questions may be added due to the nature of a semi-structured interview. Questions in bold are more likely to be asked.*

[Offer snacks and refreshments]

My name is Morgan and I am a Masters student here at the University of Canterbury. Today we are going to just have a chat where I will ask you some questions, and get you to draw up a genogram (similar to a family tree). I see this interview as a way for you to tell me your story about what it was like for you to live in a family that fosters.

I want to remind you that anything you say will be kept completely confidential and anonymous. Your name, the names of your family and of the children you have fostered will all be changed for your privacy. Would you like to choose your own alternative name or have it chosen for you?

The interview should take roughly 40 minutes to an hour of your time. As mentioned on your consent form, this interview is voluntary, so if you decide at any time you don't want to participate anymore, this is absolutely fine. I can also delete all of the information you have given me if you wish. If at any time you are uncomfortable with the questions or the interview itself, please let me know and we will stop. I check throughout the interview that you are comfortable with the questions I am asking, and you may ask any questions of your own at any time.

Initial Questions:

- How old were you when your parents decided to foster/when you first had a foster child in your home?
- How many children since then has your family fostered?
- What type of foster placements has your family experienced?
- When did your parents stop fostering/are your parents still fostering now?

Genogram activity: Next we will be making a genogram, which is similar to a family tree. You can draw this however you like and include whomever you want to. This will help me to get a better understanding of your family and we can use it to look back on during the interview.

Prompt of possible related questions to ask:

- Who is in your family (immediate and extended)?
- Who are you close with in your family? What is that relationship like?
- Do you want to include the foster children who stay with you in the genogram? If so, how would you label them?

Q) What was life like for you before your family started fostering? [If they remember]

Potential prompt questions:

- What was your relationship with your parents like?
- What would your normal routine look like?

Q) Can you remember finding out you were going to foster?

Potential prompt questions:

- What were you told about the child/children coming to live with you?
- Who told you about them?
- What do you remember thinking and feeling about it?
- What were your thoughts about what it would be like once the foster children came? Were these thoughts accurate?

Q) What was it like when they first came to live with you?

Tell me what you thought? Tell me how you felt?

Potential prompt questions:

- Where did the foster child sleep?
- Did the foster child go to your school? If so, what was that like?

What in your routine/life changed when they came?

What did you and your parents do differently?

What is one memory you have with a foster child that really stands out?

What relationship(s) did you have with the foster child(ren)?

What do you think it was like for your parents to foster?

What was your favorite thing about having them come live with you?

What was your least favorite thing?

Q) Were any of the foster children of a different ethnicity or cultural background to yourself? If so, tell me what that was like for you? What do you think it was like for them?

Q) What kind of support did you have when the foster child was living with you?

Potential prompt questions:

- Did you have anyone close to you that you talked to? If so, who? How did they help?
- What relationship did you have with the social workers (and other professionals)?
- Did you feel like you had enough support? If so/not, why is that? What could have been done better?

What support did your family have? (This can include, but is not limited to, social workers, foster organizations, extended family, friends who foster, etc.)

Q) What was it like when (if) the foster child(ren) left? Can you tell me what you thought about it and how you felt?

Potential prompt questions:

- How did your family react to them leaving? How did everyone feel?
- How did the foster child react to leaving? How do you think they felt?

What is your relationship with the foster child(ren) now?

Q) REFLECTION:

- **Looking back on your experience, what would you say to another child who was going to have a foster child live in their home?**
- **Overall how do you feel you were impacted by the foster care experience?**
- **What are your thoughts on foster care now?**
- **Do you think you yourself will foster? Why/why not?**

Morgan Smith
Telephone: +64 21 0489037
Email: mas251@uclive.ac.nz



A study on Foster Carers' Own Children

Semi-structured Interview prompts

Note: *The following is a rough structure for the interviews. Questions surrounding these points will be asked if the participant does not cover them in their narrative and if they need a prompt to carry on storying their experience. Some questions may be added due to the conversational nature of a semi-structured interview.*

Name:

- ☐ Age family started fostering:
- ☐ Number of foster 'siblings':
- ☐ Who lived in the home:

Age:

Points to cover

- | | |
|--|---|
| <input type="checkbox"/> Life before fostering | <input type="checkbox"/> Cessation of placement |
| <input type="checkbox"/> What it was like when your parents decided to foster. | <input type="checkbox"/> Supports |
| <input type="checkbox"/> Thoughts progress before → after | <input type="checkbox"/> What would you say to another FPOC? |
| <input type="checkbox"/> What it was like when the foster child came (routine, changes etc.) | <input type="checkbox"/> Overall how were you affected by the experience? |
| <input type="checkbox"/> Relationship dynamics | <input type="checkbox"/> Thoughts on foster care now; would you foster? |
| <input type="checkbox"/> One memory that stands out | <input type="checkbox"/> Parting comments |
| <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Favourite/Least favourite aspects? |

A study on Foster Parents' Own Children

Transcription Confidentiality Agreement



I have been asked to transcribe audio recordings of a student's qualitative research interviews. I will be paid \$2 per audio minute for these transcriptions.

I understand that, due to the nature of the topic, the audio recordings contain sensitive and confidential information. I therefore understand that I may not disclose any names mentioned or discuss the recordings' content with anyone.

I will ensure that the files are stored safely and securely whilst working on the transcriptions e.g. password protected computer and/or locked filing cabinets.

Once the transcriptions have been sent to the researcher, I will ensure that their content and corresponding audio recordings have been deleted from my files.

I understand that in signing this contract I am agreeing to be held to an ethical standard of confidentiality and will be held accountable for any violations of such.

I understand that I can contact the researcher Morgan Smith via email (mas251@uclive.ac.nz) or phone (0210489037) or her supervisor Michael Tarren-Sweeney (michael.tarren-sweeney@canterbury.ac.nz) for further information.

If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

By signing below, I agree to participate in this research project.

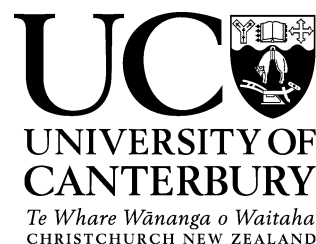
Name: Megan Ede

Date: 12/9/16

Signature: [Signature]

This consent form should be returned by scan to mas251@uclive.ac.nz

Kind regards,
Morgan Smith



HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 364 2987, Extn 45588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2015/109 Amendment 2

16 September 2016

Morgan Smith
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Morgan

Thank you for your request for an amendment to your research proposal “The lived and felt experience of foster care from the perspective of children who foster” as outlined in your email dated 10th September 2016.

I am pleased to advise that this request has been considered and approved by the Human Ethics Committee.

Yours sincerely

pp. R. Robinson

Kelly Dombroski
Deputy Chair, Human Ethics Committee

Original Study Design

Participants. The original participant group chosen for this study consisted of one foster carer and their child aged 8-18 from the Canterbury area, who were fostering children or had fostered recently. Participants were selected in pairs, one foster carer per family and one FCOC per family. Parent interviews were utilized so that a rapport could be established to alleviate any concerns the foster carers may have about their children being interviewed by me, and parental consent was needed to ethically interview their children. These parent interviews were to gain some background information about the fostering history and the child that would be interviewed so that the focal (FCOC) interview could be more sensitive and detailed. Children were chosen to interview directly as the predominant focus of this study rather than using only parent interviews as previous research on the topic has found inconsistencies between parental and child reports (Poland & Groze, 1993). Also, using child participants was intended to give their direct experiences a voice when they have historically been overlooked in research.

Ethical Considerations. Though precautions were taken to minimize emotional distress and maximize comfort, a contingency plan was offered for a referral to the Pukemanu centre at Dovedale for cases where emotional distress was caused as a direct result of the interview. Thoresen's (2014) doctoral dissertation on sensitivity in interviewing children in care was consulted in development of procedure and interview schedules, which influenced the decision to provide a comfort scale. This enabled the child to express how they were feeling, ensured that their comfort was a priority for the researcher and gave the participant agency.

Thoresen's (2014) practice guides based on their findings influenced my method in many ways, from meeting with the child and parent before the interview to develop rapport, to engaging in rapport building at the start of every interview to ensure the participant was

Appendix AA: Original Study Design

comfortable with me. Checking for understanding after addressing confidentiality and consent was also a vital aspect of interviewing the participants to ensure they fully understand their rights and what they were consenting to, particularly those involved in the care system as they are used to interviews and care agents asking them sensitive and personal questions (Thoresen, 2014).

Recruitment. Nine months were spent attempting to recruit from this population from different non-government organisations that work with foster carers. However, only one mother/child pair was successfully recruited during that time. Carers and children who expressed interest in participating or who fit the criteria were given information sheets (see Appendix A and Appendix B) and consent forms (see Appendix C and Appendix D) by these organizations and asked to contact me directly. Some families were reluctant to involve their children due to busy schedules, and others were very interested but did not meet the original inclusion criteria. Due to the time constraints of completing the study and analysing data I decided to include recruitment of the same aged participants through similar organizations but in Auckland as well as in Canterbury as I had the means and ability to travel there. The organizations contacted had three potential pairs of participants they believed would be interested but there was no contact made from these families.

Site selection. Interviews were to be conducted at the Pukemanu centre on Dovedale campus at the University of Canterbury as it was designed for interviewing children, had a central location, and provided a space for parents to wait comfortably whilst the child had confidentiality for the interview. In this way, the child would be able to tell their story without feeling the need to censor their responses to spare their parents' feelings or provide the 'right' answer they believed their parents wanted them to give. Alternative locations could be discussed if necessary but this was not required.

Procedure. Foster carers were contacted by the fostering organisations and asked to contact me if they were interested in participating. A time was then organised to conduct each interview. The parent interview (see Appendix H) consisted of background questions and was conducted separately to the child interview to introduce myself to the foster carer so that they may feel more comfortable about their child interviewing. This lasted half an hour and began with a review of confidentiality, procedure of both interviews, and the ability to withdraw consent at any time. The children were notified that their parent was asked about them and the family's fostering history within the child information sheet (see Appendix B).

Two semi-structured interviews of open questions were devised for FCOC to be in age appropriate language, one for ages eight to thirteen (see Appendix J), and one for ages fourteen to eighteen (see Appendix K) both of which included drawing a genogram/family tree (Thoresen, 2014). These interviews were designed to last twenty to forty minutes, depending on the comfort of the child. Both interviews started with an offering of snacks and drinks to ensure the child was comfortable. The interviewer introduced themselves and proceeded to outline the process of the interview to the participant. The interviewer then went over confidentiality, consent, the right to withdraw and the purpose of recording and protection of their privacy. To ensure the FCOC understood what they had been told they were asked questions to check for understanding after each point was made. The participant was then introduced to a traffic light comfort measure (see Appendix I), which was prompted by Thoresen's (2014) practice guides for ethical interviewing of children in care, and asked at three points during the interview how they felt.

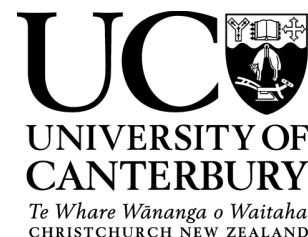
Interview conducted. One FCOC and foster carer interview was conducted prior to the change in participant criteria. This data was not used in analysis and findings, but was influential to my perspective and the development of the following interviews. This interview

Appendix AA: Original Study Design

emphasised the importance of allowing participants to tell their narrative with minimal questioning from the interviewer.

A study on Foster Parents' Own Children

Information Sheet for Parents



Dear Parent,

I am writing to invite your participation in my study on how foster parents' own children experience foster care. My name is Morgan Smith and I am doing my Masters in Child and Family Psychology at the University of Canterbury. This research project is being carried out as a requirement for my Masters degree under the supervision of Dr. Michael Tarren-Sweeney. The purpose of this research is to explore the complexity of the lived and felt experience of foster parents' own children.

Why is the research being done?

There is currently a lack of research and knowledge on how foster parents' own children experience foster care, despite the key role that they play in the therapeutic process. The limited research that is available suggests that foster parents' own children can form a communicative bridge between their parents and the foster child. These children often act as a first point of contact when foster children disclose their own experiences, and foster parents who cease placements will often cite the effect that fostering had upon their children as an underlying reason for termination. Therefore this study aims to delve further into the topic to gain a better understanding of foster parents' own children in New Zealand, in the hopes that the research could be influential in aiding placement outcomes through policy, and promote more support for parents and their own children.

What will your participation involve?

Your participation will involve an interview with the researcher that will be approximately 30 minutes long. This time will be used to discuss the consent forms and information sheets, and to answer any questions you may have. The interview will be audio recorded so that it can be later transcribed. You may view the transcription for your own interview at any time. It is strongly advised that children are not present at the interview. As this interview is predominantly to gain background information in preparation for the child interview, it may be conducted in your own home or a location discussed with the researcher. These interviews must take place prior to the child interview.

What will the participation of your child involve?

Your child will be invited to participate in a 20-40 minute interview at the University of Canterbury's Pukemanu center Dovedale campus. If you are unable to travel to the clinic another location may be arranged depending on circumstances and prior discussion with myself. This one-on-one interview between your child and I will be audio recorded, and may involve some arts and crafts activities. During the interview your child will have the opportunity to express if they feel uncomfortable with topics raised, and may cease the interview at any time. Your child is able to listen to the recording and/or read the transcription of their interview. Some light snacks will be provided, so please inform me of any dietary requirements during the parental interview or prior to the child interview. The current schedule plans for child interviews to be prior to/at the start of the Christmas school holidays.

Can you refuse to answer some of the interview questions, or withdraw from the study at any time?

Participation is voluntary and you, and your child, have the right to withdraw at any stage without penalty. If you withdraw, I will remove information relating to you and your child, provided this is practically achievable. The child interview will utilize comfort measures to ensure that your child does not answer any questions they feel uncomfortable answering.

Appendix BB: Original Study – Parent Information Sheet

How will the information from the interview be used?

The information provided in the interviews will be transcribed and analyzed to develop a narrative of your child's experience. It will be written as a Master's thesis that, as a public document, will be accessible through the University of Canterbury Library database. You may request a completed copy of the thesis by contacting me. Further publication in a book chapter or journal article is possible.

How will the researcher ensure anonymity and confidentiality?

The interview audio, transcripts and other sensitive data will be kept in a locked file and/or password protected electronic devices. These will then be destroyed five years from the completion of the thesis. Only the researcher will have access to your real identities. No identifying details of yourself, your child, or your family will be included in the transcripts or written thesis. Pseudonyms will be used instead of real names and your child is welcome to choose their own.

Who do I contact if I have questions regarding the study

Please feel free to contact my supervisor or myself if you have any questions. Our contact details are listed below.

What are the risks and benefits?

Due to the sensitive topic of this study, some information you or your child disclose could bring up upsetting memories and emotions either at the time of the interview or afterwards. Every precaution has been taken to ensure that this study is a pleasant experience for participants but, as a precaution, your child may be entitled to a referral for counseling at the Pukemanu clinic if issues arise as a direct result of the interview.

If you agree to participate in the study, you and your child will be asked to complete the necessary consent forms. These must be returned by May 1st 2016. These can be returned by:

Scan: mas251@uclive.ac.nz

These may also be returned directly to researcher during the parent interview.

Thank you for considering participation in this study.

Kind regards,
Morgan Smith

Researcher: Morgan Smith (Masters of Child and Family Psychology student)

Phone: 0210489037

Email: mas251@uclive.ac.nz

Supervisor: Dr. Michael Tarren-Sweeney (Associate Professor of Child & Family Psychology & Deputy Head, School of Sciences, University of Canterbury)

Phone: +64 3 364 2987 ext. 7196

Email: Michael.tarren-sweeney@canterbury.ac.nz

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to:

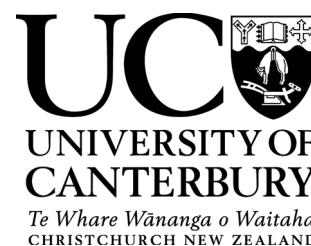
The Chair, Human Ethics Committee,
University of Canterbury,

Private Bag 4800, Christchurch

Email: human-ethics@canterbury.ac.nz

A study on Foster Parents' Own Children

Information Sheet for Children



Dear volunteer,

My name is Morgan and I am a Masters student at the University of Canterbury. I am doing a research project/study on children who have foster children live with their family. The project's goal is to learn about their experiences and feelings. I am writing to ask if you would agree to help me by being a part of my research by answering some questions for my study.

What would you be asked to do and how much time does it take?

You will be asked to come to the University of Canterbury at Dovedale campus for a 20-40 minute interview where we can talk and have some snacks. I will ask you some questions and have you draw a family tree to help me better understand your family. The conversation we have will be voice recorded and at some point after the interview I would like you to listen to this and/or read my written copy to check you are happy with everything that was said. During the interview I will check to make sure you are feeling comfortable with the questions. You can either use the traffic light system (red = stop I'm uncomfortable/unhappy; orange = I'm not sure if I'm comfortable; green = keep going I'm comfortable/happy) or just let me know how you are feeling. We can stop the interview at any time if you feel uncomfortable or don't want to continue.

What choice do you have?

You can choose whether or not you want to be a part of my project. I will only include you in the study if both you and your parent consent/agree for this to happen. If you do not want to be included in the study you don't need to do anything and you don't need to give a reason. You can also change your mind about helping with the study at any time without giving a reason. If you decide to leave the study any information you have given me will be taken out of the project if you want.

How will your privacy be protected?

You and your family members will all be given pretend names so that people reading my study will not know who you are. You are welcome to choose your own pretend name if you would like. The voice and written recordings of what we talk about will be locked away and under a password for your privacy.

What do you need to do to be included in the study?

If you agree to take part in the study, please read and sign the 'Child Consent Form'. You and your parents are welcome to a copy of the finished study if you wish. If you have any questions about the study, or are unsure about anything, then you can either ask your parent or contact me. I would be happy to answer any questions. My telephone number and email address are listed at the bottom of this page.

Kind regards,
Morgan Smith

Researcher: Morgan Smith (Masters of Child and Family Psychology student)
Phone: 0210489037
Email: mas251@uclive.ac.nz

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to:

The Chair, Human Ethics Committee,
University of Canterbury,
Private Bag 4800, Christchurch

Email: human-ethics@canterbury.ac.nz

A study on Foster Parents' Own Children

Parent Consent Form

I have been given a full explanation of this project and have had the opportunity to ask questions. I understand what is required of me, and of my child, if we agree to take part in the study.

I understand that participation is voluntary and that I, or my child, may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I, or my child, have provided should this remain practically achievable.

I understand that any information or opinions I, or my child, provide(s) will be kept confidential to the researcher and their supervisors and that any published or reported results will not identify my child or my family.

I understand that a thesis is a public document and will be available through the University of Canterbury's Library, and that further publication in a book chapter or journal article is possible.

I understand that all data (voice recordings and notes) collected for the study will be kept in locked and secure facilities at the University campus and/or in password protected electronic form and will be destroyed five years after completion of the thesis.

I understand that in my child sharing their fostering experiences during the interview, they may experience some emotional distress. If this is the case, I understand that the researcher will do their best to support my child and refer them to the appropriate services if I wish.

I understand that I am able to view the transcript from my own interview if I wish, and request a copy of the completed thesis.

I understand that I can contact the researcher Morgan Smith via email (mas251@uclive.ac.nz) or phone (0210489037) or her supervisor Michael Tarren-Sweeney (michael.tarren-sweeney@canterbury.ac.nz) for further information.

If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human- ethics@canterbury.ac.nz)

By signing below, I agree to participate and to allow my child to participate in this research project.

Name:_____.

Date:_____.

Signature:_____.

This consent form can either be returned by scan to mas251@uclive.ac.nz or can be handed directly to the researcher during the initial meeting for discussing information, consent and brief parent interview.

Kind regards,
Morgan Smith

A study on Foster Parents' Own Children

Child Consent Form

My parent and the researcher (Morgan) have told me about the project. I have read and understood the information sheet. I have been allowed to ask questions and I understand what is going to happen in the interview.

I understand that this project is voluntary, meaning that I can change my mind about taking part in the research at any time and no one will mind. Anything that I have said or done before changing my mind will be taken out of the project.

I understand that any information collected about me will not be told to anyone else other than Morgan and her supervisors, and that this information will be kept safe and private in a locked cabinet at the University and under a password. My name, the names of my family/whānau members, and the names of the foster children who have stayed with us will not be used in the project. I can even choose my own pretend name if I want.

All information will be voice recorded, and all recordings and notes will be destroyed after the project has been written up.

My parents and I can have a copy of the final project, and I can listen to and/or read over my own interview recording.

I know that if I have any other questions I can ask my parents/whānau or the researcher.

By signing below, I agree to be a part of this project.

Name:_____.

Date:_____.

Signature:_____.

This consent form can either be returned by scan to mas251@uclive.ac.nz or can be handed directly to the researcher during the initial meeting for discussing information and consent. This must be returned by May 1st 2016.

Kind regards,
Morgan Smith

A study on Foster Parents' Own Children

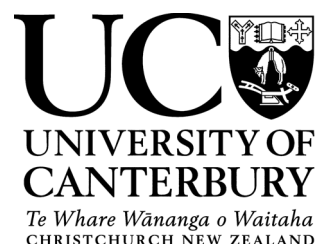
Semi-structured Parent Interview



Note: *The following is a rough structure for the interviews. These questions may or may not be used, and will be altered to suit each individual, as their experiences are all unique. Some questions may be added due to the nature of a semi-structured interview.*

- 1) How many children has your family fostered?**
- 2) How old were your children when you decided to foster?**
- 3) What type of foster placements has your family experienced?** (For example: short term, medium term, respite care, placement for disabled children, foster care for sibling groups, home for life etc.)
- 4) How did your children react to finding out they would have foster siblings?**
- 5) Which organization(s) did you foster through?**
- 6) What support did your family have?** (This can include, but is not limited to, social workers, foster organizations, extended family, friends who foster, etc.)
- 7) Did any of this support extend to your own child/children?** (For example, did the social workers or foster care organizations interact directly with them, were support groups provided etc.)
- 8) How do you feel your child was impacted by the foster care experience?**
- 9) During the interview some light snacks and refreshments will be available. Does your child have any dietary requirements or allergies?**

Morgan Smith
Telephone: +64 21 0489037
Email: mas251@uclive.ac.nz



A study on Foster Parents' Own Children

Semi-structured Interview Guideline: Children ages 10-13

Note: *The following is a rough structure for the interviews. These questions may or may not be used, and will be altered to suit each individual child, as their experiences are all unique. Some questions may be added due to the nature of a semi-structured interview.*

My name is Morgan and I am a Masters student here at the University of Canterbury. Today we are going to just have a chat where I will ask you some questions and ask you to draw up a family tree, so that I can learn about your family and what it was like for you to have foster children living in your home.

I want to remind you that anything you say will be kept private. Your name, the names of your family and of the children you have fostered will all be changed so that people reading my project won't know who you are. You can even choose what name you go by in the project if you would like? (Use this time to do so if they wish).

The interview should take about 20-40 minutes of your time. As it said on the consent form you signed, if you want to stop at any point this is okay, no one will mind. I can also delete any information you've given me, and/or recordings of what you have said if that is what you want. If you don't like the questions I am asking or feel uncomfortable about the interview, please let me know and we will stop. I have a traffic light card system you can hold up to let me know how you feel about the questions and the interview.

- Red: Please stop! I don't want to answer this question and want to have a break OR Please stop the interview completely.
- Orange: I don't think I like this question. It makes me feel kind of uncomfortable/awkward.
- Green: I am very happy to answer this question/I am happy with how the interview is going.

[Offer snacks and refreshments]

Genogram activity: To start off we will be making a family tree. You can draw this in whatever way you like and include whom you want to. This will help me to have a better understanding of your family and we can use it to look back on during the interview.

Prompt of possible related questions to ask:

- Who is in your family (those that live in your house and other family members e.g. grandparents cousins)?
- Do you want to include the foster children who stay with you in the picture? If so, how would you label them?
- What do you call the children who stay with you? How do you introduce them to your friends? e.g. "This is..."
- Who are other family members (e.g. grandparents, cousins, etc.) you are close to?

Q) Can you remember what your life was like before your family started fostering?

Potential prompt questions:

Appendix GG: Original Study – Child Interview Ages 10-13

- What was your relationship with your parents like? Was there anything special you would do together?
- What would you do most days?

Q) Can you remember finding out you were going to foster? Can you remember what you thought and felt about it?

Potential prompt questions:

- What were you told about the child/children coming to live with you?
- Who told you about them?
- What did you think it would be like when they came?

Q) What was it like when they first came to live with you? Can you tell me what you thought about it and how you felt?

Potential prompt questions:

- Where did the foster child sleep?
- Did the foster child go to your school? If so, what was that like?
- What in your routine/life changed when they came? What did you and your parents do differently?
- What is one memory you have with a foster child that really stands out?
- Did you get along well with them?
- What do you think it was like for your parents to foster?
- What was your favorite thing about having them come live with you?
- What was your least favorite thing?

Q) What kind of support did you have when the foster child was living with you? Who would help you and your family?

Potential prompt questions:

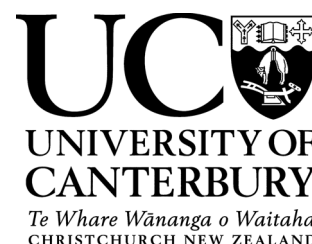
- Did you have anyone close to you that you talked to? If so, who? How did they help?
- What did you think about the social workers (and other professionals)? What did they do that was helpful?
- Did you feel like you had enough help and people to talk to? If so/not, why is that? What could have been done better?

Q) What was it like when (if) the foster child(ren) left? Can you tell me what you thought about it and how you felt?

Potential prompt questions:

- How did your family react to them leaving? How did everyone feel?
- How did the foster child react to leaving? How do you think they felt?
- Looking at everything we've talked about, what would you tell another child who was going to have a foster child live in their home?

Morgan Smith
Telephone: +64 21 0489037
Email: mas251@uclive.ac.nz



A study on Foster Parents' Own Children

Semi-structured Interview Guideline: Children ages 14-18

Note: *The following is a rough structure for the interviews. These questions may or may not be used, and will be altered to suit each individual child, as their experiences are all unique. Some questions may be added due to the nature of a semi-structured interview.*

My name is Morgan and I am a Masters student here at the University of Canterbury. Today we are going to just have a chat where I will ask you some questions, and get you to draw up a genogram (similar to a family tree). I see this interview as a way for you to teach me about what it was like for you to live in a family that fosters.

I want to remind you that anything you say will be kept completely confidential and anonymous. Your name, the names of your family and of the children you have fostered will all be changed for your privacy. Would you like to choose your own alternative name or have it chosen for you?

The interview should take roughly 20-40 minutes of your time. As mentioned on your consent form, this interview is voluntary, so if you decide at any time you don't want to participate anymore, this is absolutely fine. I can also delete all of the information you have given me if you wish. If at any time you are uncomfortable with the questions or the interview itself, please let me know and we will stop. I have a traffic light card system you can hold up to let me know how you feel about the questions and the interview.

- Red: Please stop! I am uncomfortable with this question and want to have a break OR stop the interview completely.
- Orange: This question/the interview makes me feel kind of uncomfortable.
- Green: I am very happy to answer this question/I am happy with how the interview is going.

You can either use this or just let me know how you are feeling; whatever makes you most comfortable.

[Offer snacks and refreshments]

Genogram activity: To start off we will be making a genogram, which is similar to a family tree. You can draw this however you like and include whomever you want to. This will help me to get a better understanding of your family and we can use it to look back on during the interview.

Prompt of possible related questions to ask:

- Who is in your family (immediate and extended)?
- Do you want to include the foster children who stay with you in the genogram? If so, how would you label them?
- What do you call the children who stay with you? How do you introduce them to your friends?
- Who are extended family members you are close to?

Q) What was life like for you before your family started fostering?

Potential prompt questions:

- What was your relationship with your parents like?
- What would your normal routine look like?

Q) Can you remember finding out you were going to foster? Can you remember what you thought and felt about it?

Potential prompt questions:

- What were you told about the child/children coming to live with you?
- Who told you about them?
- What were your thoughts about what it would be like?

Q) What was it like when they first came to live with you? Can you tell me what you thought about it and how you felt?

Potential prompt questions:

- Where did the foster child sleep?
- Did the foster child go to your school? If so, what was that like?
- What in your routine/life changed when they came? What did you and your parents do differently?
- What is one memory you have with a foster child that really stands out?
- What relationship(s) did you have with the foster child(ren)?
- What do you think it was like for your parents to foster?
- What was your favorite thing about having them come live with you?
- What was your least favorite thing?

Q) What kind of support did you have when the foster child was living with you?

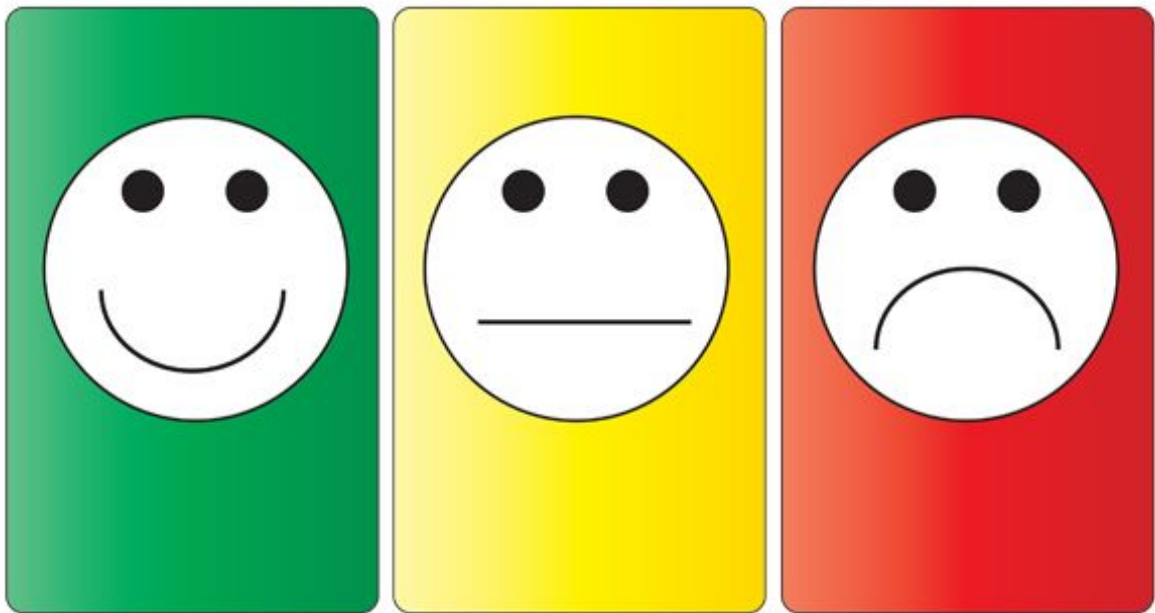
Potential prompt questions:

- Did you have anyone close to you that you talked to? If so, who? How did they help?
- What relationship did you have with the social workers (and other professionals)?
- Did you feel like you had enough support? If so/not, why is that? What could have been done better?

Q) What was it like when (if) the foster child(ren) left? Can you tell me what you thought about it and how you felt?

Potential prompt questions:

- How did your family react to them leaving? How did everyone feel?
- How did the foster child react to leaving? How do you think they felt?
- Looking back on your experience, what would you say to another child who was going to have a foster child live in their home?



HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2015/109

22 October 2015

Morgan Smith
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Morgan

The Human Ethics Committee advises that your research proposal “The lived and felt experience of foster care from the perspective of foster parents’ own children” has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 22 October 2015.

Best wishes for your project.

Yours sincerely



Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee